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SF Dept. of Public Health
COUNTY HEALTH SERVICES

PLAN UPDATE AND BUDGET

FISCAL YEAR 1988-1989

CITY AND COUNTY OF SAN FRANCISCO

DOCUMENTS DEPT.

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COUNTY HEALTH SERVICES
FISCAL YEAR 1988-89
PLAN UPDATE AND BUDGET
CONTACTS AND CERTIFICATIONS
FOR

CITY AND COUNTY OF SAN FRANCISCO

CONTACTS AND CERTIFICATIONS

Jurisdiction of San Francisco

AB 8 Contact Person

Name: David Werdegar, M.D., M.P.H.
 Title: Director of Health
 Mailing Address: Department of Public Health
101 Grove Street, Room 306
San Francisco, CA 94102
 Telephone: (415) 554-2600

Medically Indigent Services Program Contact Person

Name: Bob W. Prentice, Ph.D.
 Title: Director MIA Program
 Mailing Address: Department of Public Health
101 Grove Street, Room 323
San Francisco, CA 94102
 Telephone: (415) 554-2670

Certification for the County Health Services Plan Update and Budget and County Health Services Funding

Health Officer

I hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan Update and Budget is correct.

Name: David Werdegar, M.D., M.P.H.
 (please type or print)

Original Signature: *David Werdegar*

Date: 9-30-88

Health Agency Administrator

I hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan Update and Budget is correct.

Name: David Werdegar, M.D., M.P.H.
 (please type or print)

Original Signature: *David Werdegar*

Date: 9-30-88

County Hospital Administrator

I hereby certify that, to the best of my knowledge, the information provided in the attached County Health Services Plan Update and Budget is correct.

Name: Phillip Sowa
 (please type or print)

Original Signature: _____

Date: _____

Chairperson, Governing Board

I, Nancy G. Walker, hereby certify that the attached County Health Services Plan Update and
 (Name, please type or print)
 Budget was adopted on October 24, 1988. Further, I hereby certify that, to the best of my
 (Date)

knowledge, the information provided in the attached County Health Services Plan Update and Budget is correct and is drawn from the officially adopted county budget for Fiscal Year 1988-89. I hereby make application for allocations from the County Health Services Fund as set forth in the attached State/Local Cost Share Summary and Application for County Health Services Funds.

Original Signature: _____

Date: _____

(Chairperson, Governing Board
 or duly authorized representative)

* Please note that the attached resolution and a copy of the AB 8 Plan and Budget have been submitted to our Health Commission & Board of Supervisors for their review and approval. A certified copy of this resolution will be forwarded to you as soon as is available.

EMERGENCY TELEPHONE CONTACTS

The State Department of Health Services maintains a roster of local health officers and first and second alternates for the purpose of afterhours notification in emergencies. Ordinarily, notification will be by telephone to the office except where teletype or mail-o-gram service is deemed adequate or preferred.

A new form must be completed and submitted any time there are changes in the following information.

(please type or print)

	Home Telephone Number
Health Officer (NAME) David Werdegar, M.D., M.P.H.,	454-8845
(HOME ADDRESS) P.O. Box 1057, Ross, CA 94957	
First Alternate (NAME) Larry Meredith, Ph.D.	383-8894
(HOME ADDRESS) 1111 Western Ave., Mill Valley, CA 94941	
Second Alternate (NAME) Florence Stroud, R.N., M.P.H.	839-8965
(HOME ADDRESS) 1151 Holman Rd., Oakland, CA 946610	

Teletype Code _____ ☐ Check if teletype is preferred for usual contact*

Telephone Area Code _____

Special Instructions _____

COMMUNICABLE DISEASE

Special emergency addresses and telephone numbers for communicable disease control.

☐ Check if same as above.

Communicable Disease Control Officer	Office <u>Street</u> Address	Telephone Numbers
Francis Taylor, M.D., 101 Grove St., San Francisco, CA 94102		Office 554-2840 Home 346-2768
First Alternate Florence Stroud, R.N., M.P.H. 101 Grove St., San Francisco, CA, 94102		Office 554-2620 Home 839-8965

Teletype Code _____ ☐ Check if teletype is preferred for usual contact*

Telephone Area Code _____

Special Instructions _____

*Please inform your local teletype office about your arrangements for receipt of emergency messages.

Certification

Federal Preventive Health and Health Services Block Grant Funding

Subvention for 314(d) Comprehensive Public Health Services

Federal Fiscal Year, October 1, 1988 - September 30, 1989

Department of Public Health, City and County of San Francisco

Name of Local Health Department

I hereby certify that the above-named health department shall expend Federal Preventive Health and Health Services Block Grant funds consistent with Section 1904 (3) (b) inclusive of Title XIX of the Public Health Services Act which excludes the use of Preventive Health and Health Services Block Grant funds to "(1) provide inpatient services; (2) make cash payments to intended recipients of health services; (3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; (4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or (5) provide financial assistance to any entity other than a public or nonprofit entity."

We agree to adhere to Federal and State policies and procedures for the use of any and all Preventive Health and Health Services Block Grant funds which might be submitted to this jurisdiction. This includes submission of fiscal reporting forms on a quarterly basis, required by Section 16366.7 (b) (2) as added to the Government Code by Chapter 1343, Statutes of 1982. Expenditures of Federal Preventive Health and Health Services Block Grant moneys are subject to an annual review and audit by the State of California or its duly authorized representatives and the Federal Government. The figures provided in the fiscal report records must be supported by detailed accounting records. The records will be retained and available for audit for a minimum of three years.

We plan to initiate or continue specific priority programs and activities to meet the recognized needs of this jurisdiction.

For Federal funding participation, I hereby certify that the above-mentioned health department shall, in this fiscal year, comply with the provisions of Title IV of the Civil Rights Act of 1964 (42 United States Code (U.S.C.) Section 2000 (d)) which provides that "no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

I agree, in implementing this nondiscrimination policy, to make the announcement public by means of a notice, statement or poster displayed in any place where services are rendered and to report to the State Department of Health Services any complaint directed at services or facilities under my jurisdiction.

Health Officer David Werdegan, M.D., M.P.H.
(NAME) (please print or type)

Original Signature: _____

David Werdegan

Date: _____

10.3.88

Certification for State Financial Assistance for Fiscal Year 1988-89 pursuant to Section 1140 of the Health and Safety Code

Department of Public Health, City and County of San Francisco
Name of Local Health Department

Certification by Local Health Officer

I hereby certify that the above-named local health department shall, in this fiscal year, meet the minimum standards for State aid and expend State aid funds as set forth in Title 17 of the California Administrative Code, Chapter 3, Subchapter 1, Standards for State Aid for Local Health Administration.

Health Officer

Name: David Werdegarr, M.D., M.P.H.
(please type or print)

Original Signature: David Werdegarr

Date: 1-10-88

Certification for Environmental Health Program

(For those counties where environmental health has been transferred from the local health department to a comprehensive environmental health agency.)

Name of County

We hereby certify that there is a satisfactory liaison to assure continuity and coordination between environmental health and those public health programs under my direction. The Environmental Health Plan was prepared by the Director of the Environmental Health Unit.

Health Officer

Name: _____
(please type or print)

Original Signature: _____

Date: _____

Environmental Health Director

Name: _____
(please type or print)

Original Signature: _____

Date: _____

Special Certification for State Medically Indigent Services Funds for Fiscal Year 1988-89

I hereby certify that City & County of San Francisco shall, in Fiscal Year 1988-89, meet the statutory
(Name of County)

requirements set forth in Section 16704.1 of the Welfare and Institutions Code, concerning fees or charges before the rendering of medically necessary services, and the statutory requirements in Section 16718 of the Welfare and Institutions Code, concerning the notice of the availability of reduced cost health care.

Original Signature: _____ Date: _____
(Chairperson, Board of Supervisors
or duly authorized representative)

* Plan was reviewed and approved by the Board of Supervisors, San Francisco City and County, at its meeting on October 24, 1988. A certified copy of the Board resolution will be forwarded to your office as soon as possible.

1 AUTHORIZING ADOPTION OF THE COUNTY HEALTH SERVICES PLAN AND BUDGET FOR THE
2 1988-89 FISCAL YEAR; APPLICATION FOR ALLOCATION OF FUNDS FROM THE COUNTY
3 HEALTH SERVICES FUND OF THE STATE AND EXECUTION OF THE AGREEMENT WITH THE
4 STATE DIRECTOR OF HEALTH SERVICES; AND TO ACCEPT AND EXPEND THE FUNDS
5 ALLOCATED FROM THE COUNTY HEALTH SERVICES FUND FOR THE COUNTY HEALTH SERVICES
6 PLAN AND BUDGET OF THE CITY AND COUNTY OF SAN FRANCISCO.

7
8 WHEREAS, State statutes and regulations require that each county shall
9 adopt a county health services plan and budget which shall be submitted to the
10 State Director of Health Services;

11 WHEREAS, The county health services plan and budget for the 1988-89 fiscal
12 year must be submitted to the State Director of Health Services;

13 WHEREAS, Funds from the County Health Services Fund of the State of
14 California shall be allocated to the governing body of each county annually
15 for county health services;

16 WHEREAS, The allocation of the amount up to the maximum authorized by
17 State law shall be made upon submission of the plan and budget and application
18 by the governing body of each county upon signing of an agreement between the
19 governing body and the State Director of Health Services;

20 NOW THEREFORE BE IT RESOLVED, That the County health services plan and
21 budget of the Department of Public Health for the 1988-89 fiscal year as set
22 forth in board of Supervisors' file number _____, and incorporated
23 herein by reference is hereby adopted for submission to the State Director of
24 Health Services;

25 FURTHER RESOLVED, That the Board of Supervisors does hereby make
26 application for allocation of funds from the County Health Services Fund and
27 approves the signing and executing of the agreement as set forth in Board of
28 Supervisors' file number _____, and incorporated herein by reference,
29 between the governing body of the City and County of San Francisco and the
30 State Director of Health Services.

1 FURTHER RESOLVED, That the Director of Health, Health Commission and the
2 President of the Board of Supervisors of the City and County of San Francisco
3 are authorized to certify the County Health Services Plan and Budget, make
4 application for county health services funds, and to sign and execute the
5 agreement, based on the adopted plan and budget, between the governing body of
6 the City and County of San Francisco and the State Director of Health
7 Services, and

8 FURTHER RESOLVED, That the Department of Public Health is authorized to
9 accept and expend the funds allocated from the County Health Services Fund for
10 the County Health Services Plan and Budget of the City and County of San
11 Francisco.

12 RECOMMENDED:

13
14
15 David Verdegar, M.D., M.P.H.
16 Director of Health

17
18 APPROVED:

19
20 Health Commission
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BOARD OF SUPERVISORS

I.A. 1988-89 Overview
County Health Services Multi-Year Base Plan

- Major Responsibilities and Reporting Relationships

The administrative offices of the Department of Public Health are located at 101 Grove Street, in San Francisco's Civic Center. The Department's current administrative structure is illustrated on the following organizational chart. The Director of Health has overall responsibility for the Department and reports to a seven member Health Commission.

The Health Commission assumed its responsibilities on January 15, 1985. The Commission is composed of seven members appointed by the Mayor for terms of four years. The Commission is a policy-making body and has overall responsibility for the Department of Public Health, including the City and County hospitals, emergency medical services, and all matters pertaining to the preservation, promotion, and protection of the lives, health and mental health of the inhabitants of the City and County of San Francisco.

The Director of Health supervises the following senior staff:

- Associate Director
- Deputy Director of Operations
- Deputy Director of Community Public Health Services
- Deputy Director of Mental Health, Substance Abuse and Forensic Services
- Executive Administrator for San Francisco General Hospital
- Executive Administrator for Laguna Honda Hospital
- Director of Planning and Program Support
- Director of Public Information
- Coordinator of Emergency Medical Services
- Medical Director, Emergency Medical Services
- Director of the AIDS Office
- Medical Director, AIDS Office
- Coordinator, Affirmative Action

The Deputy Director of Operations supervises the Environmental Health Program, the Toxics Control Program, and the Office of Conservatorship Services and is responsible for the following Department-wide management areas: fiscal; personnel; management information systems; contracts; legal services; and capital projects.

The Deputy Director of Community Public Health Services supervises programs in the following areas: disease control; field services; family health; senior health services; adolescent and refugee services; and the homeless/MIA projects.

The Deputy Director of Mental Health Services supervises programs in the following areas: mental health; substance abuse; and forensic services.

The Executive Administrator for San Francisco General Hospital supervises the hospital's administration, inpatient and outpatient services.

The Executive Administrator for Laguna Honda Hospital supervises the hospital's administration, inpatient and outpatient services.

The Office of Planning and Program Support provides administrative, analytical, and technical assistance to various Departmental programs, the Health Commission, and community groups for a broad array of issues in health. The planning process includes the monitoring of health legislation and regulations and grants management and development.

The Office of Public Information acts as a resource for information about the Department of Health and facilitates and coordinates all Departmental media-related activities; initiates community relations outreach activities; and identifies and promotes Departmental programs and services.

PRIORITIES FOR 1988-89

Major health priority areas for the Health Commission and the Department of Public Health include:

- AIDS Education, Counseling, Testing and Treatment
- Health Services Related to the Problem of Crack Cocaine Use
- Revenue Generation
- Needs of Uninsured and Underinsured
- Perinatal Services
- Comprehensive Health Services Delivered At School Sites

Overall priorities for the Department of Health include the following:

- Quality of Care: Assure quality of health care services in order to best serve clients and community.
- Access: Assure access to health care services.
- Accreditation: Maintain compliance with State/Federal accreditation standards and requirements.
- Legal Mandates: Maintain compliance with judicial mandates for health and health related services.
- Efficient Services: Continually examine the necessity for existing programs and the priority of programs and services, in order to assure optimal use of Departmental resources in meeting community health needs.
- AIDS: Continue provision of comprehensive AIDS programs serving all segments of the San Francisco community with continued and special emphasis on prevention and community education.
- Homeless: Continue development of services addressing the full range of health problems facing the homeless.
- Children's Services: Continue development of a continuum of care for children's services.
- Women's Health Services: Continue to work to effectively address women's health needs, with special attention to third-world women.

- Emergency Medical Services: Continue to improve pre-hospital emergency services.
- Community Based Services: Continue funding shifts from acute to community based services to assure appropriate service levels within the continuum of care.
- Toxics: Provide effective policies and programs in accordance with State/Federal laws and local ordinances to protect the health and safety of City residents and employees, and to help protect the environment.
- Cost Effective Quality Services: Continue to improve the cost effectiveness of DPH operations while maintaining quality.
- Revenues: Optimize revenues, wherever possible, in all components of the Department of Public Health.
- Categorical Funding: Implement and maintain programs consistent with the acceptance of categorical funding.
- Private Sector Collaboration: Continue to expand DPH collaboration with private sector, community-based organizations and volunteer groups.

Divisional priorities are indicated below:

Community Public Health Services

- Maintain Family Health's Perinatal Program at the current service level while seeking additional resources to fund unmet needs.
- Implement additional community and school-based services to adolescents to address areas of substance abuse, STD and AIDS.
- Maintain programs serving seniors at current levels; augmentations through grant funding will be sought.
- Reallocation of resources at City Clinic to enable programs to meet the health needs presented by increasing numbers of women.

Community Mental Health Programs

- Expand children's services:
 - Open a sub-acute facility for children with the Department of Social Services, the juvenile Probation Department and the San Francisco Unified School District.
 - Increase staff to meet the needs of children referred from Special Education classes as required by AB 3632.
- Expand capacity of Division to treat mentally ill substance abusers by providing inservice training to staff.

- Expand accessibility of services for non-English-speaking minorities:
 - Develop an action plan to increase bilingual staff and implement plan based on report of Minority Recruitment and Training Task Force.
 - Develop staff training for clinicians providing minority services in clinics serving multi-cultural populations.
- Provide AIDS education to the chronically mentally ill.
- Provide specialized day treatment for the mentally ill-developmentally disabled.
- Expand vocational training opportunities for clients by obtaining competitive contracts for work projects.
- Expand housing, with case management support, for the homeless mentally ill.
- Enhance continuity of care and minority accessibility in contracted programs by providing a cost-of-living increase for staff which will make these positions more competitive in the job market.
- Apply for grants that would provide additional funding for:
 - mentally ill children and their families
 - persons with AIDS and related conditions
 - the homeless mentally ill
 - mentally ill women
- Provide effective treatment and meet funding mandates, while reducing program costs:
 - Continue consolidation of administrative services for mental health, substance abuse and forensic services.
 - Evaluate the feasibility of reducing service costs while maintaining service capacity by reducing the number of program sites.

Substance Abuse

- Increase AIDS and substance abuse prevention and treatment services.
- Address crack-cocaine prevention and treatment issues.
- Provide residential and other services for at risk pregnant addicts.
- Provide youth-specific, multicultural and multilingual services for youth at greatest risk of developing substance abuse problems.
- Initiate services for women and children in need of substance abuse services.
- Develop an array of services to address dual diagnosis of both mental health and substance abuse problems.
- Provide substance abuse services for homeless persons.

San Francisco General Hospital

- Develop a Strategic Plan for San Francisco General Hospital.
- Address Patient Diversion as both an immediate issue and in context of the hospital's long range plan.
- Coordinate with the Department of Health to develop a community-based primary care program.
- Improve hospital budgeting program to include cost center budgeting.
- Develop a decentralized management system that addresses diversion and a revenue incentive plan.
- Expand maternal/child services with the addition of a third delivery room and the renovation of the pediatric clinic.
- Expand Health and Safety activities for all SFGH health workers to include a risk reduction program, health promotion and reduction of our Workers' Compensation claims.
- Develop an expanded ambulatory surgery capacity.
- Expand diagnostic capability with the addition of the MRI.
- Expand eligibility services to ensure an increase in third party reimbursement and additional sponsorship for our patient population (50% of staff to be bilingual).
- Work with local, state and federal legislative bodies to develop new mechanisms for financing AIDS care.
- Build a housestaff dormitory.
- Maintain licensure and accreditation.

Laguna Honda Hospital

- Continue to maintain compliance with State/Federal accreditation standards.
- Continue to expand therapy activities, social services and pharmacy to comply with State/Federal regulations.
- Expand services at Laguna Honda Hospital by offering hospice care and exploring other specialty services.

Emergency Medical Services

- Finalize implementation of the EMS management information system in order to monitor pre-hospital care and comply with State mandated data collection requirements.
- Recruit an EMS Medical Director.

Central Office Administration

- Establish the MIS Data Center and consequently, address space, communication and resource problems at SFGH, CMHS and Central Office.
- Implement automated financial record-keeping.
- Begin a Department-wide strategic planning process.
- Continue implementation of the toxics program, thereby improving the health and safety of employees, the community and the environment.
- Implement a formalized planning process throughout the Department.
- Enhance Departmental revenues.
- AIDS.

Anticipated Changes for 1988-89

- Complete architectural drawings for an AIDS Research Center at San Francisco General Hospital.
- Renovate and remodel Central Aid Station/Ivy Street Clinic to become a site for provision of primary care to elderly, homeless and indigent men, women and children, including homeless persons with AIDS and severe ARC.
- Continue planning for an organized health system that emphasizes community-based primary care.
- Continue coordinated efforts with the Department of Social Services to provide residential hotel facilities for homeless persons with AIDS and ARC.
- Continue seeking federal support for the use of the U.S. Public Health Hospital as an AIDS/ARC treatment facility.
- Automate financial management department-wide.

LOCATIONS OF FACILITIES

PUBLIC HEALTH ADMINISTRATION
★ PUBLIC HEALTH ADMINISTRATIVE OFFICE
 101 Grove St.

COMMUNITY PUBLIC HEALTH SERVICES

○ DISTRICT HEALTH CENTERS

- #1 - 3850 17th St., 558-3905
- #2 - 1301 Pierce St., 558-3256
- #3 - 1525 Silver Ave., 468-3664
- #4 - 1490 Mason St., 558-3158
- #5 - 1351 24th Ave., 661-4400

CITY CLINIC (VD)

- ★ 356 - 7th Street, 864-8100
- 24-hour hotline, 495-OGOD (495-6463)

COMMUNITY MENTAL HEALTH SERVICES

★ MENTAL HEALTH ADMINISTRATION

- 555 Polk St.
- 24 Hour Information & Referral
- 387-5100

HOSPITAL SERVICES

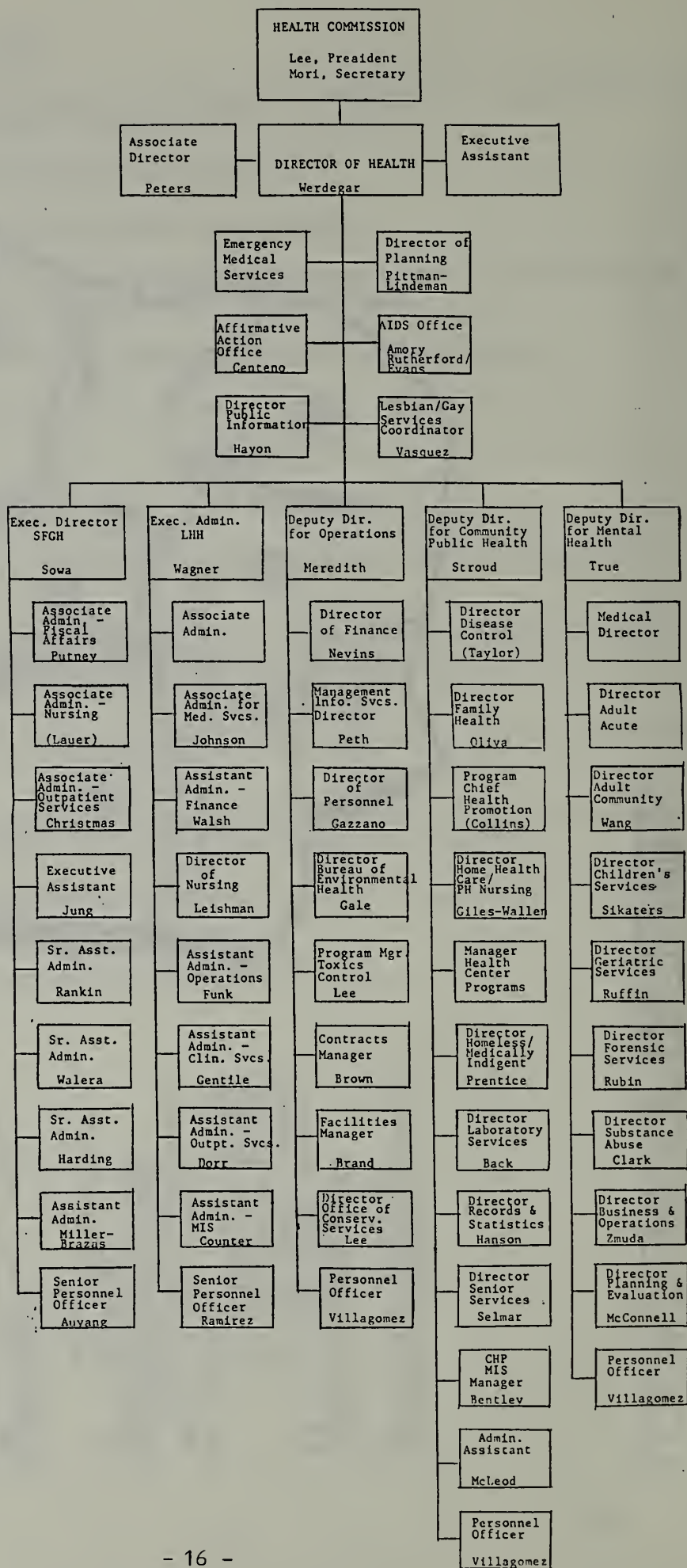
- ✚ **SAN FRANCISCO GENERAL HOSPITAL**
 1001 Potrero Ave., 821-8200
- ✚ **LAGUNA HONDA**
 375 Laguna Honda Blvd., 664-1580
- ◇ **CENTRAL EMERGENCY DISPATCH**
 50 IVY ST., 431-2800

COMMUNITY SUBSTANCE ABUSE SERVICES

- **ALCOHOL AND DRUG ADMINISTRATION**
 170 Fell St., Rm. 25
- 24 Hour Information & Referral
- Alcohol: 563-5400
- Drug: 752-3400



DEPARTMENT OF PUBLIC HEALTH
ORGANIZATION CHART



1988-89 AB 8
Component B. Public Health Services

OVERVIEW

The mission of the Department of Public Health is to assure that each resident of San Francisco has the opportunity to achieve and maintain optimal health. The Division of Community Public Health aims to promote and preserve the highest possible level of health in the community as a whole. To this end, the Community Public Health Services Division provides screening, health promotion and education, case management, coordination and referral, technical assistance, surveillance, regulatory control, and limited treatment services through the following programs.

- Family Health Services, which includes Maternal and Child Health, California Children's Services, Dental Services, Developmental Disabilities, and Nutrition Services including a WIC program, and perinatal services.
- Public Health Laboratory Services
- Disease Control and Epidemiological Services
- Community Health Statistics
- Senior Health Services:
Eldercare; SRx; Senior Information, Referral, and Education Program; Community and Home Injury Prevention Project for Seniors (CHIPPS); North of Market Multipurpose Senior Services; and the Downtown Senior Center.
- Emergency Medical Services
- Health Promotion and Education
- Public Health Nursing Field Services, including licensed home care and case management.

Three additional programs help meet the health needs of special populations:

- The Refugee Preventive Health Services Program
- The AIDS Office
- The Health Care for the Homeless and Medically Indigent Adult (MIA) Programs.

These programs are implemented at five District Health Centers, at the Tom Waddell Clinic, at the central administrative site, and at clinics and other locations throughout the City.

Interventions are focused on primary prevention and detection and control of chronic illness and communicable disease, as well as on maintaining existing levels of wellness among individuals.

The Program Chief of Community Public Health Services, who is responsible to the Deputy Director, administers the programs through the Program Directors and the District Health Officers.

1988-89 AB 8
Component B. Public Health Services
Section b. Maternal and Child Health

MATERNAL AND CHILD HEALTH

San Francisco's Maternal and Child Health (MCH) program is administered by the Director of Family Health Services, who is also responsible for the California Children's Services and Dental Services programs. The MCH program provides family planning, perinatal, children's, and adolescent services to San Francisco residents. Pursuant to Section I.B.1.e of the County Health Services Multiyear Base Plan and Budget guidelines for 1984-85, reference for this section is made to the Maternal, Child and Adolescent Health (MCAH) Plan, which was submitted to the State Department of Health Services, Maternal and Child Health Branch, on September 15, 1983. The MCAH Plan includes detailed, measurable objectives for fiscal years 84-85, 85-86, and 86-87.

Family Planning Services

- Need Statement

A continuing need exists for on-going family planning services, especially for teens, newcomers and underserved ethnic minorities. These groups continue to have disproportionately high perinatal and infant mortality rates. The State's decrease in allocation of resources seriously threatens existing services. Although many youths are sexually active at a young age, they do not receive adequate family planning services; San Francisco has a high rate of unintended teen pregnancy and sexually transmitted diseases.

- Program Description

Comprehensive family planning services are provided at the five District Health Centers and Youth Guidance Center, a holding facility for juvenile offenders, to women and men between the ages of 15 and 44. More than 80% of the 18,000 clients seen at the Centers are ethnic minorities, primarily Asian-Pacific Islanders and Latin Americans, which corresponds to San Francisco's ethnic population distribution.

The range of family planning services includes preventive gynecological care, birth control methods, and pregnancy testing. In addition, special services for teens, fertility awareness classes, and fertility counseling are available. The Health Center staff also provide community outreach and education programs.

- 88-89 Activities

The Department has conducted a formal cost study and has begun to implement recommendations for change by looking at the costs of family planning care in various settings.

The Department has continued family planning services in all five Health Centers, despite level funding, by: obtaining accurate cost center information at each service site; identifying problems and making necessary changes in the allocation of existing personnel and resources within the County budget to make up for lost State dollars and ensure that the same number of clients are served; and maximizing the revenue generated by the clientele. We have extended family planning grant resources to Youth Guidance Center. Plans are being formulated to extend services to the City Clinic.

The County has received and is implementing an Information and Education grant from the State Office of Family Planning to do outreach to high-risk adult women. The grant has funded a supervising Health Educator and 4 Outreach Workers, each focusing on specific communities. Solem and Associates, a public relations firm, developed marketing strategy and materials. The grant was renewed for a total of 3 years of funding. The program ended June 30, 1988.

A consultant developed clinic protocols for pregnancy testing and trained staff in their use. A Quality Assurance program has been implemented which includes a revised medical protocol, criteria and standards for chart review, monthly chart audits, clinician observation and client feedback questionnaires. New standing orders for nurses were developed and implemented. A number of new and revised medical and counseling forms have been initiated.

PUBLIC HEALTH SERVICES
b. Maternal and Child Health
Program Objectives/Assessment of Accomplishments

FY 1987-88	Level of	Explanation	FY 1988-89
Program Objectives	Accomplishment	Explanation	Program Objectives
Program: <u>Family Planning</u>			
To expand family planning services to City Clinic.	In progress		Expand family planning services to City Clinic and Larkin Street Youth Center.
Continue to provide information, education, services to high-risk teens.	On-Going		Continue to implement a chlamydia education and screening and treatment program.
Provide testing and counseling to at least two sites for women at risk for AIDS.	Completed		Continue an AIDS education/screening program consistent with DPH AIDS guidelines.
Implement a comprehensive data system for all sites.	Completed		Implement bulk purchase program for all educational materials with centralized inventory control.

Perinatal Services

- Need Statement

The primary goal of Maternal and Child Health's Perinatal Program is to assure early access and affordable perinatal health care to eligible low-income residents of the City and County of San Francisco. Through an ongoing planning process, existing community resources are assessed, coordinated, and linked with a network of medical, health, and social service providers to ascertain the level of need, identify gaps in services and identify and resolve obstacles to obtaining perinatal health care. Outreach and education to special populations (newcomers, incarcerated women, substance abusers, and high-risk minority communities) as well as the health care community-at-large, are essential to facilitating the primary goal. Concurrent with analysis of local and State data and the monitoring of vital statistics data, San Francisco continues to show higher perinatal and infant mortality rates than in other comparable counties. Blacks, Hispanics born abroad, and Southeast Asians are particularly at risk.

- Program Description

A State Maternal and Child Health Block Grant to the Family Health Bureau provides funding for community-based, comprehensive perinatal services to low-income women. Community involvement is integrated through specific planning and program development activities coordinated by the Department on behalf of the Perinatal Forum.

The Perinatal Forum is:

- 1) A consortium of public and private sector health, social service, and consumer advocate agencies and providers;
- 2) An advisory body to the Department of Public Health/Family health Bureau on Maternal and Child Health issues;
- 3) Through contractual agreements with participating agencies, a purchaser of direct services on behalf of the City and County of San Francisco;
- 4) An advocate of comprehensive community-based care ensuring the provision of comprehensive perinatal services by providing access to participation in monthly disciplined and focused Forum meetings, which address ongoing program assessment, planning and community outreach for Medical, Psychosocial, Nutrition and Health Education professionals.

Forum members work through standing committees. Committees work toward standardizing criteria for perinatal service delivery; problem identification via quality assurance activities for each discipline; funding and resource allocation; and organizational development.

With specific goals targeted to:

- 1) Decrease perinatal, maternal, and infant mortality and morbidity by creating a regionalized perinatal system, inclusive of the public/private sector medical communities in San Francisco;

- 2) Facilitate the coordination and linkage of services between perinatal service providers and appropriate community service agencies;
- 3) Ensure comprehensive perinatal service delivery (medical, nutritional, psychosocial, health education services) to an eligible population via the allocation of resources (including funding and staffing which is multidisciplined, credentialed, culturally sensitive, and linguistically appropriate), and geographic accessibility of service in the high-risk, low-income communities based on evidence of need;
- 4) Serve as a primary liaison with State MCH for the distribution of the local MCH-Perinatal funding.

Family Health staff has facilitated the emergence of the Forum as a community accepted, well-integrated Community Public Health program, representing a broad range of public and private sector agencies.

Through formal and informal linkages several Forum agencies also share multidisciplined staff and health education and inservice training activities. In addition, the Forum's Perinatal library and technical assistance resources are available to all participants of the Forum and the community-at-large.

Through its membership and affiliations, the Forum represents a broad spectrum of public interest in community public health and community-based comprehensive services. Members of the Forum are active participants on local, State and Federal advisory boards and task forces, providing additional consumer and program advocacy for adolescents, mothers, infants, and their families.

- 1988-89 Activities

Comprehensive perinatal services for low-income pregnant women, 200% above poverty and below, are supplemented by the State block grant for community-based perinatal services. In addition, AB 3021 (Margolin) will make comprehensive perinatal services (CPS) available to Medi-Cal eligibles. Outreach and recruitment of providers to participate in the CPS Program remains a high perinatal outreach priority. Consultation and technical assistance will also be provided to perinatal sites to fine-tune their CPS billing implementation process.

The rapid increase of AIDS in the heterosexual community and a noted increase of AIDS in intravenous drug-abusing women dictates community outreach and education to special populations and the provider community. Through the Perinatal AIDS Education Project, training and education will be provided to staff at perinatal Forum agencies.

The Family Health Bureau and the Perinatal Forum have established an ongoing working group that has focused on substance abuse in pregnancy. The group's purpose is to conduct assessments of the problem and to develop, implement and advocate for solutions.

Ongoing analysis of local birth certificate data will continue to increase this year and be available due to AVSS. Further access to perinatal data is becoming available through implementation of the Kellogg Foundation grant.

The Ella Hill Hutch Teen Fathers Program continues to focus on prevention of second pregnancies and training in parenting and self-sufficiency skills.

- Changes

No substantial changes in the program are anticipated. The Adolescent Family Life Program will be coordinated through the Family Service Agency (FSA). FSA will remain closely linked to perinatal services through continued participation in the Perinatal Forum.

PUBLIC HEALTH SERVICES
b. Maternal and Child Health
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Perinatal Services</u>			
To provide case management services for 420 pregnant and parenting teens through the Adolescent family Life Program.	Fully accomplished		To provide case management services to 90 teenfathers or potential fathers through the title V Pilot Project.
To complete enrollment of 2 AB 3021 (Margolin) providers.	Completed and successful enrollment of 7 providers		To conduct outreach to and recruit private providers to enroll in AB 3021.
To implement an education and prevention program for perinatal AIDS at five delivery hospitals and four perinatal clinics.		Individual sites' needs assessments have been completed and a schedule of trainings at perinatal sites has been established for early FY 1988-89.	Complete the education and prevention program for perinatal AIDS at five delivery hospitals and four perinatal clinics.
To provide comprehensive community-based perinatal services to 1,525 high-risk, low-income women and their infants, and to 631 women and infants eligible for Medi-Cal.	1,657 671		To provide comprehensive, community-based perinatal services to 1,524 high risk, low-income women and their infants.

The California Child Health and Disability Prevention Program

In 1967 the federal legislature established Early Periodic Screening Diagnosis and Treatment (EPSDT) as a benefit to those eligible for Medicaid. In California, in 1974, the state legislature passed Assembly Bill 2068 which committed State funding to establish programs in every county to assure that all children had at least one health assessment as a requirement for enrollment in first grade in any licensed school. This was named the Child Health and Disability Prevention program (CHDP). In 1975, the CHDP program and the national EPSDT program were administratively fused, expanding local program responsibilities to include all Medicaid eligibles from birth to 22 years, as well as those enrolling in first grade. In 1982 the program was expanded to include low birth weight babies from low income families and in 1985 was further expanded to include all such children under one year of age. In 1987 the age of eligibility for these children was extended to 29 months.

The CHDP program offers every county in California the opportunity to establish, develop and promote a program which puts the dreams and goals of the federal legislation, EPSDT, into reality in a way unique among the 50 states. Among these dreams and goals, two are a reality already in California:

1. Comprehensive Health Assessment of thousands of children from birth to 21 years of age who heretofore had been receiving "crisis intervention" and, possibly, cursory "camp" or "school athletic" medical clearances.
2. Children with disabilities and disease not apparent to parents and not detected in the usual sickness experience have been referred to appropriate resources for diagnosis and treatment.

- Program Needs

Increased outreach to the target population of low income families with children ages 13 – 29 months.

Improved medical follow-up and documentation of children in Foster Care.

Improved medical follow-up and documentation of children in Residential Care group homes.

- Accomplishments

San Francisco General Hospital has continued to improve the billing in the Children's Center to approximately _____. CHDP staff will meet with the Refugee Clinic and Family Health Clinic to improve billing.

CHDP staff is also meeting with the University of California San Francisco to begin CHDP billing.

A Public Health Nurse in CHDP provides CHDP consultation to the "Baby Moms" program, the Department of Social Services and also to other units providing foster care.

Outreach was developed for new target population 13 – 29 months, but more outreach is needed.

CHDP/EPSTD staff made visits to three providers to assure quality care and the public health nurse (PHN) visited two residential care providers. We did not quite reach our objective in this area due to a PHN staff reduction.

- Changes from 1987 - 1988

CHDP has been meeting with the Margolin Implementation Committee, since CHDP serves the same target population and will share information about outreach systems. CHDP/EPSTD staff has also began to work with the Department of Social Services in providing health referral information to the homeless population and helping the population establish preventive care with a CHDP provider.

CHDP/EPSTD was informed that there will be a new target population for outreach: perinatal women. Limited funds will be available to counties who may already have a PHN outreach unit. San Francisco has had such a unit since 1978. The program is targeted to begin October 1988.

The PHN vacancy will be filled so that CHDP/EPSTD can accomplish a quality program.

A CHDP/EPSTD PHN is assigned to the San Francisco General Hospital Assessment Unit which is targeted to begin operations in 1989. The nurse will ensure that the children in shelter will get a CHDP exam and necessary follow-up for identified problems.

- Objectives for 1988-89

1. The CHDP/EPSTD staff will make site visits to four providers to assure quality care.
2. Outreach will be provided to target populations for the new age group: food programs, community clinics, etc.
3. Outreach will be provided by PHNs to three residential care providers.
4. A plan for perinatal outreach will be developed.

Ear Diagnostic Center

Due to the fiscal crisis in San Francisco City and County, the Ear Center staff was targeted for cuts. The San Francisco Unified School District declined to contract for those services. Therefore, the DPH audiometrist will no longer provide services to the School District.

The threatened positions were saved, and the program is now being restructured to provide hearing services to other city departments (Fire, Police, PUC) who need ear diagnostic services to meet OSHA regulations and to provide regular preventive testing for staff. These changes are still in the developmental stage.

Services will still be provided for children at the health centers. Plans to collaborate with San Francisco General Hospital are under way.

The San Francisco Women, Infants, and Children (WIC) Program

The San Francisco WIC Program started in 1980 with an initial caseload of 1800 participants. This year, 1988, we received a caseload increase to 10,000. Our primary goal is to improve the health and nutritional status of low income prenatal women, infants, and children under five years old.

WIC programs are located at six different sites throughout the city of San Francisco. WIC provides supplemental food vouchers and nutrition education, and requires participants to receive on-going medical care from a health care provider of their choice.

The community's need for WIC services continues to increase as families are affected by adverse economic conditions, unemployment, and budget limitations imposed on many government services provided to low income families. There is a constant need to provide WIC services to pregnant teens and low income families with children under 5 years headed by single mothers. Furthermore, WIC funding levels generally allow only 35% of those eligible to be served.

WIC's accomplishments during 1987-88 included:

1. An increase in caseload from 9,100 to 10,000.
2. Complete computerization of six WIC sites.
3. Provision of services to pregnant and breastfeeding clients, exceeding our objective of 12,000 annual visits for these groups.
4. Achievement of approximately 5% overall low birthweight incidence for WIC participants.
5. Over 85% of pregnant women showed progress towards meeting their nutritional goals.

Car Seat Loaner Program

The Car Seat Loaner Program was started in 1980 with support from the Zellerbach Family Fund. The program's primary goal is to prevent death and injury to infants. Automobile accidents are the leading cause of accidental death in this age group.

The San Francisco Car Seat Loaner Program provides two primary services, a 9 month loan and a temporary or 2 week loan. All San Francisco families are eligible. They may borrow an infant car seat (birth to 20 lbs) or a convertible toddler seat (20-40 lbs). There is an \$18 deposit; \$15 is refunded when the seat is returned clean, on time and in good condition. A service fee of \$3.00 is charged. These fees are used to cover program costs: purchase of seats and replacement parts.

The program is used by a broad cross section of the San Francisco population; clients range from the single parent AFDC recipient to two income families. In 1987-88, 210 infant seats, 76 toddler seats and 52 temporary loans were made. Evaluations indicate that client satisfaction is high. Of clients completing the evaluation form upon returning their seat, 99% stated they had a car seat for their child and 96% reported that they used the loaner seat for "every trip". They also reported that their own awareness and use of seat belts had increased as a result of their involvement with the program.

Sudden Infant Death Syndrome

Chapter 453/74, Section 462, of the Health and Safety Code requires the County Coroner to notify the County Health Officer or his designee of any case in which sudden infant death syndrome is the provisional cause of death. In San Francisco this designation has been given to the Children's Division, and the Coroner makes a referral which is forwarded to a Public Health Nurse who contacts the family and offers necessary services. A copy of the intervention is then forwarded to the State Department of Health.

In 1987-88 18 cases of reported SIDS were followed up by Public Health Nurses. A Supervising Public Health Nurse serves on a regional SIDS Committee which meets quarterly.

A workshop was held in March, 1988, as a review for Public Health Nurses. The number of reported cases has increased dramatically, but the cause of the increase has not been identified. An increase was noted in the number of infants who were born to drug abusing mothers.

1988-89 AB-8
Component B. Public Health Services
Section c. California Children Services

CALIFORNIA CHILDREN SERVICES

- Need Statement

The number of children who are at risk for developmental delay and disabilities is steadily increasing. Due to advanced technology more premature infants are surviving. Many of these children have medical problems and disabilities requiring on-going therapy. In addition, an influx of children with serious conditions continues from Mexico and Central America, and a large number of children with residuals of poliomyelitis, congenital heart disease, and unrepaired congenital deformities are found among Indochinese refugees.

There is also an increased demand for all California Children's Services (CCS) services. Unemployment and underemployment resulting from a depressed economy caused an increase in the Medi-Cal caseload from 44% in 1985/86 to 55% in 1987/88.

- Program Description

CCS provides specialized medical care and rehabilitation for physically handicapped children whose families are partially or wholly unable to provide for such services. The program is financed by federal, state, and county tax funds and supplemented by family repayments when indicated.

The program is open to anyone under 21 who is a California resident and has a handicapping condition which is eligible for care under the program and whose family is unable to pay the full cost of recommended treatment. Families with adjusted gross incomes over \$40,000 may not be eligible.

CCS provides the following services:

1. Diagnostic evaluations without financial screening
2. Treatment services
3. Physical and occupational therapy
4. Orthopedic and pediatric clinic services
5. Medical case management

Payment for treatment and diagnostic services is handled through the CCS administrative office. The therapy and clinic services are conducted in the school environment.

- Program Changes 1987-88

One-time State funds were made available for screening children at risk for HIV infection. A plan was developed and submitted to the State by San Francisco CCS.

CCS staff has been on the steering committee to establish an Interagency Council for High-Risk Infants in San Francisco. The council developed by-laws and selected officers. The steering committee responded to the RFP from DDS for PL 99-457.

Component B. Public Health Services
Section d. Dental Services

COMMUNITY PUBLIC HEALTH DENTAL SERVICES

- Need Statement

Tooth decay is the most common health problem, affecting 95 percent of all Americans. It affects most children soon after age three, and by age eleven, the average American child has three decayed permanent teeth. By age seventeen, eight or nine teeth have decayed, been filled, or are missing.

Tooth decay is irreversible. Once begun, untreated decay usually destroys the tooth. Therefore, the goal is prevention of decay through fluoridation of water supplies, community dental disease prevention and health education programs and treatment services. Early childhood education in dental health is essential. Children and youth from low-income families and refugee children, and youth, particularly Latin-American and Southeast Asian refugees, have poor dental hygiene and nutrition, and have had no prior access to dental services.

- Program Description

Dental services in Community Public Health are targeted for low income and newcomer children and youth ages 3 through 17. Treatment services are located at three of the Health Centers and the Youth Guidance Center. Disease prevention and health education programs are provided at community sites and targeted elementary schools.

In addition, the Bureau staff participate in dental health presentations and screenings at health fairs (for children and senior citizens) and programs such as WIC and the Balboa Teen Clinic.

Education and Preventive Services

State funds, through a Special Needs and Priorities Grant, enabled the Department to provide dental services to the Refugee Clinic at SFGH. This program began in July '86 and was to be a one-time funded program. It was funded again in FY 87-88. No further funding was granted in FY 88-89. Seeing the need to continue this important service to refugee newcomers, the Dental Bureau is continuing the program at a reduced level, one half-day per week, limiting the services to screenings, referrals, and health education.

In November 1985, the Bureau developed an education program of dental disease prevention for San Francisco elementary schools. Priority is given to schools with children in greatest need; these are refugee and immigrant newcomers and children from low income families. The SB 111 program consists of orientation for parents and teachers in dental disease prevention and inservice training for teachers in oral health principles and procedures. Children are instructed in nutrition, brushing and flossing, causes of caries and gum problems, and accident prevention. The program is supplemented locally with weekly fluoride mouthrinsing. A dental screening with referral and followup is done before and after the program is started. This dental disease prevention program, under SB 111, has been funded again for FY 87-88 and will include targeted preschools.

Toothbrushes, floss, mouthrinses, audiovisual aids, pamphlets, and materials and supplies for screening are furnished by the Dental Bureau. All aspects of the program are supervised and conducted by the Bureau's Community Dental Health Program Coordinator.

Dental screening and referrals are a valuable service that the Bureau provides. Screening reveals a profile of the overall dental health in a school population or a given group, an effective means in assessing the needs of a high-risk group. Screening with referrals also increase the awareness of recipients, and parents and teachers to dental disease and defects before they become serious or emergency problems.

Community Services

The Dental Bureau collaborates with community groups such as the Mayor's Council on Food and Hunger, Advocates for Children and Youth Services, UCSF and UOP dental schools, and in all health projects where our services are needed. Dental health presentations and screenings are provided to youth organizations, pre-schools, health fairs (both for children and senior citizens), the WIC Program (Women, Infants and Children Program), and the Balboa Teen Clinic Project at Balboa High School.

Treatment Services

All children, ages 3 through 17, who are residents of San Francisco are eligible for treatment level III (A.D.A. code) in our clinics at Health Centers Nos. 3, 4 and 5. Treatment is also provided for adolescents in detention at Youth Guidance Center.

- Summary

The Dental Bureau believes that preventive dentistry is the only reasonable approach to control dental disease in high-risk populations. The role that clinical services play is not contradictory to this premise. The prevention of dental disease through education, fluoride-sealant application, and clinical restorative dentistry prevent the premature loss of teeth. Education, prevention, application and restoration go hand-in-hand to enable children and other high-risk groups to be free from pain and infection, to masticate food properly for better nutrition and health, and to avoid serious functional and cosmetic problems.

PUBLIC HEALTH SERVICES
d. Dental Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Dental Services</u>			
3,000 elementary and pre-school children (an increase of 1,000 over 86-87) in grades pre K-5 will receive topical fluoride rinse (optional), health education, screenings, referral and follow-up (SB 111 DPPP). Need to increase health education staff.	3,000 pre-school and elementary schoolchildren in 5 pre-schools and 8 elementary schools (K-5) received topical fluoride rinse, health education, screenings with follow-up.	Targeted for schools having a high population or refugee-immigrant newcomer and low-income children.	2,700 pre-school and elementary school-children (a decrease of 300 from 87-88, due to reduction in state budget for SB 111 DPPP) in grades pre and K-5 will receive topical fluoride (optional), health education, screening, referrals and follow-up.
To continue and increase dental screenings at daycare centers, Sr. citizens centers and health centers as dental personnel and time permit.	Screening referral and follow-up provided at 5 pre-schools. Sr. citizen screenings at HC #5 with UOP dental school staff.		Upon request, to provide screenings at daycare, senior citizens centers, and health centers as dental personnel and time permit.
To set the number of clinic patients seen at 5,600, a reduction of 1,000 patient visits below 86-87.	Accomplished at 6,740	No significant increase from 86-87 with existing clinical staff.	To set the minimum number of patient visits at 6,000 with the present clinical staffing.
Due to elimination of one existing position and a 25% reduction of materials and supplies from the Dental Bureau Budget FY 87-88.			

PUBLIC HEALTH SERVICES
d. Dental Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Dental Services</u>			
Need to regain the one staff position that was eliminated in the FY 87-88 budget; increase budget for materials and supplies. Need to add staffing for expanding community health education and disease prevention programs; need to add clerical staffing for FY 89-90.	1 FTE Dental Aide position eliminated. No increase in dental hours. No clerical staff added.	Permanent salaries reduced by 6%; materials and supplies reduced by 32%.	Need to increase dental hours and add 1 permanent FTE dental aide position, thereby reducing waiting time for dental appointments which is 6 to 8 weeks at one health center and 4 to 5 weeks at another. Subsequently, patient/client visits will increase. Also need to increase budget for materials and supplies to "fill" the needs of an increased patient load.
To set the number of children receiving treatment care at 2,000.	Accomplished at 3,429		To set the number of children receiving treatment care at 2,800.
Assure that 75% of children return for 6 month follow-up.	Accomplished at 73%	Periodic reassignment of the staff for dental screenings at schools and at the refugee clinic SFGH.	Assure that 75% of children return for 6-month follow-up.
Continue to provide exams and referrals for perinatal patients.	Accomplished		To provide, on request, dental exams and referrals for perinatal patients. To provide, on request, inservice training to perinatal staff providers.
Immediate need to replace dental equipment 30 years old, constant breakdowns, no available parts.	Two new dental conversion units to be installed in the dental clinic at Health Center #4 in August/88.	\$4,000 was allocated to the Dental Bureau for the purchase of new dental equipment.	The amount of \$14,495 was requested for FY 88-89 budget for the purchase of two dental chairs, handpieces, and other needed miscellaneous equipment to complete the equipment upgrading at Health Center #4. Health Centers #3 and #5 need new equipment upgrading also.

Component B. Public Health Services
Section e. Environmental Health Services

ENVIRONMENTAL HEALTH SERVICES

- Need Statement

The maintenance of a healthful environment is a continuing commitment of the Environmental Health Services Bureau. The needs addressed by the program are identified by professional assessment and public demand, and if neglected, would become a source of illness, disease, or serious discomfort for the community.

There are two major areas that influence the ability of the Bureau to address community health needs: 1) public concern and participation in program planning and 2) fiscal constraints.

In previous years, concern and involvement with environmental issues was left to the Health Professional. Steadily there has been an increase in public awareness of those issues and active demands for environmental protection and maintenance of aesthetic values. Examples include the creation of commissions, committees, the scheduling of hearings and meetings, news media releases, etc.

The public demand to participate in the planning process challenges the existing resources and programs. An effective and successful Environmental Health Program will promote good public relations and show a commitment to work with a concerned public and business and industry to resolve local health needs.

Reductions in funding necessitate effective fiscal management. Program success will rely on developing adequate funding sources and proper management of existing resources. Effective environmental programs are expected and even demanded; the public is willing to pay for such services if the worth of the program can be demonstrated. If not, environmental health programs may be lost or reduced from the existing level of service. Both outcomes would reduce the Bureau's ability to meet community environmental health needs and problems.

- Program Description

Environmental Health Services maintains a professional staff of State-registered Environmental Health Specialists, Industrial Hygienists, Health Educators, and Environmental Health Technicians. Contracts with various specialized consultants, e.g. toxicologists, MIS, licensed hazardous waste haulers, certified laboratories, and environmental auditors expands the range of skills, abilities, and services available to the Bureau.

The Bureau provides broad surveillance, inspection, education, and public information services through a variety of programs coordinated within the Consumer Protection program, Public Services Program, and Toxic Control Management Program.

Bureau activities are coordinated at five district locations and the central office to provide uniform enforcement throughout the City.

Revenues for FY 1988-89 from license fees will be approximately \$3.8 million dollars in contrast to a total budget of \$5.9 million dollars.

- Major Program Changes During FY 1987-88

The Consumer Protection program has been legislated additional responsibilities with the development of local ordinances covering no-smoking in the workplace, public areas, and food establishments. A local ordinance was also implemented to advise the public on the effects of Fetal Alcohol Syndrome. To increase efficiency and to develop a higher degree of uniformity a centralized plan check unit was initiated for the review of all new and remodel construction. The existing Institutions Program was upgraded with additional staff providing a higher level of service especially in the area of infectious waste.

During FY 87-88, major changes in the Toxic Control Management Program include installation of the Toxics Management Information System, development of a Household Hazardous Waste Collection Facility, and collaboration with the Department of Public Works on the development of asbestos building surveys and abatement contract specification.

- Consumer Protection Program

The Consumer Protection Program consists of those environmental health activities required to assure that food provided for human consumption is of good quality, safe, free of adulteration, wholesome, and properly labeled and advertised, and that it has been produced, stored, and transported under conditions and by practices which are clean, safe, and sanitary. Program areas include retail food operations, water recreation, vending machines, water sampling, housing and hotel inspections, abandoned vehicles, cross-connections, smoking in the workplace and public areas, and noise abatement, laundries and dry cleaners.

- Public Services Program

Additional, the program is responsible for inspection of the City's detention and institutional facilities, commercial fumigators, ambulance services, and tattoo parlors. Solid waste management, including infectious waste, is also a program responsibility for this unit, requiring the licensure of two refuse collection companies and a centralized transfer station

- Toxic Control Management Program

The Toxic Control Management Program (TCMP) is composed of four major program components:

The Hazardous Waste Management Program is designed to assist City departments to come into compliance with the California Hazardous Waste Control Law (Health and Safety Code, Title 22, Sec. 66001 et seq.) The Hazardous Waste Management Program has five major objectives:

1. To manage the removal of hazardous waste from all City hazardous waste-generating sites;
2. To have TCMP staff and/or independent consultants conduct hazardous waste audits of all City worksites;
3. To provide consultation to City departments on measures for complying with hazardous waste regulations;
4. To provide support to or implement special projects, such as: 1) monitoring the Household Hazardous Waste Collection Facility, 2) investigating alternatives for reducing the amount of illegally disposed of hazardous waste in the solid waste stream and on public streets and areas, 3) collaborating with the Office of the Chief Administrative Officer on the County Hazardous Waste Management Plan and Environmental Impact Report, 4) processing Proposition 65 reports, and 5) developing a hazardous waste generator inspection program; and
5. To continue to process the documentation required under the conditions of the Analyzing the Soil for Hazardous Waste Ordinance and to monitor site mitigation activities in the City.

The Hazardous Materials Permit and Disclosure Program is designed to implement and enforce the San Francisco Hazardous Materials Permit and Disclosure Ordinance (Health Code, Article 21), which regulates the above and below-ground storage of hazardous materials in both the public and private sectors.

The Hazardous Materials Permit and Disclosure Program has five major objectives:

1. To permit and inspect approximately 5,300 above-ground hazardous materials storage facilities;
2. To permit, inspect, and oversee the removal and/or closure of 2,100 underground storage tanks;
3. To manage hazardous materials inventory data for emergency response;
4. To record and respond to all requests for information relative to hazardous materials stored at a facility; and
5. To conduct a Community Awareness Campaign to affect the public perception of the Hazardous Materials Permit Program within the business community.

The Toxics Education and Training Program is designed to provide training to City employees on the requirements of the following: Hazardous Waste Control, Hazardous Substances Information and Training, and Hazardous Materials Release Response Plans and Inventory.

The Toxics Education and Training Program has three objectives:

1. To design and apply a generic training curriculum to site-specific training workshops for managers, supervisors, and lineworkers with potential exposure to hazardous materials;
2. To provide training to emergency response personnel; and
3. To develop plans for conducting orientation and annual hazardous materials training to City employees.

The Toxics Special Projects Program is designed to address issues related to occupational safety and health and hazardous or toxic materials.

The Toxics Special Projects Program has four major objectives:

1. To provide information to City residents and building occupants on asbestos and to provide consultation to City departments on all aspects of asbestos exposure, control, and abatement;
2. To respond to community toxic complaints;
3. To coordinate, oversee, and provide quality assurance of industrial hygiene programs in City departments; and
4. To provide consultation and technical assistance to City departments on occupational health and safety.

PUBLIC HEALTH SERVICES
e.) Environmental Health Services
Program Objectives/Assessment of Accomplishments

FY 1987-88	Level of	Explanation	FY 1988-89
Program Objectives	Accomplishment	Explanation	Program Objectives
Program: <u>Environmental Health: Consumer Protection Program</u>			
Category: <u>Food Services Inspection & Control</u>			
To maintain level of surveillance by performing 40,000 inspections in 6,142 licensed food premises and markets.	102% accomplishment	40,792 inspections performed.	1. Perform 40,000 inspections in licensed premises. 2. Establish a Plan Check Unit. 3. Conduct Food Handler Training 4. Decentralize epidemiological investigations.
Category: <u>Water Quality Inspection & Control</u>			
To maintain level of service by performing 4,000 inspections in swimming pools, natural bathing places, sewage plants, drinking water supplies & mussel sites.	75% accomplishment	2,250 inspections were performed.	To reduce level of service by performing 2,400 inspections in swimming pools, natural bathing places, sewage plants, drinking water supplies & mussel sites, due to staff reorganization.

PUBLIC HEALTH SERVICES
e.) Environmental Health Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Environmental Health: Public Services Program</u>			
Category: <u>Occupational Health</u>			
To maintain level of service by performing 325 inspections in response to complaints regarding noise, air, chemical hazards, lead poisoning or other occupational environmental factors.	118% accomplishment	384 inspections performed.	To maintain level of service by performing 325 inspections in response to complaints regarding noise, air, chemical hazards, lead poisoning or other occupational environmental factors.
Category: <u>Institutional Facilities Surveillance</u>			
To maintain level of service by performing 956 inspections in public institutions, nursing homes, child care centers, and private institutions.	87% accomplishment	832 inspections performed.	To maintain level of service by performing 956 inspections in public institutions, nursing homes, child care centers, and private institutions.
Category: <u>Rodent Control</u>			
To maintain level of service by performing 9,000 inspections for rodent complaints.	117% accomplishment	10,562 inspections performed. The Rodent Control group has been assigned to the citizen complaint program formerly performed by Environmental Health Inspectors. This assignment was made without additional personnel and has resulted in the reduction of rodent surveillance inspection.	To maintain level of service by performing 9,000 inspections for rodent complaints.
Develop an infectious waste program.			

PUBLIC HEALTH SERVICES
e.) Environmental Health Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
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Program: Environmental Health: Public Services Program Cont'd.

Category: Solid Waste Management

To maintain level of service by responding to 12,000 complaints regarding solid waste.

109% accomplishment

13,035 inspections performed.

To maintain level of service by responding to 12,000 complaints regarding solid waste.

Staff the no-service program.

Category: Housing Complaints

To maintain level of service by performing 14,000 inspections regarding housing complaints and hotel inspections.

77% accomplishment

10,767 inspections performed.

To reduce level of service by performing 12,500 inspections regarding housing complaints and hotel inspections, due to staff reorganization.

Category: Miscellaneous

To maintain level of service by performing 4,000 inspections regarding fumigations, referrals from other departments, etc.

89% accomplishment

3,574 inspections performed.

To maintain level of service by performing 4,000 inspections regarding fumigations, referrals from other departments, etc.

PUBLIC HEALTH SERVICES
e.) Environmental Health Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Environmental Health</u>			
Category: <u>Administrative Support</u>			
To collect revenue for Environmental Health Services at \$2.7 million.	96% accomplishment	\$2.6 million collected.	To increase revenue for Environmental Health Services to 3.8 million dollars.

PUBLIC HEALTH SERVICES
e.) Environment Health Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Environmental Health</u>			
Category: <u>Toxic Control Management Program</u>			
To complete four 90-day disposal cycles for City generating sites.	100% accomplishment	To initiate, oversee, and monitor 2 hazardous waste assessments.	To complete four 90-day disposal cycles for City generating sites.
To initiate, oversee, and monitor 2 hazardous waste assessments.	0% accomplishment	Due to changes in program priorities and delays in the contractual process, the hazardous waste assessments were delayed until FY 88-89.	To initiate, oversee, and monitor 2 hazardous waste assessments.
To verify hazardous waste information of 400 City facilities.	101% accomplishment	Completed 405 verification inspections	To develop a hazardous waste generator inspection program--15 inspections.
To train 3,650 City employees on the Hazard Communication Standard, Hazardous Waste Control, and Hazardous Materials Release Response laws.	73% accomplishment	Trained 2,657 City employees. (There was a delay in hiring staff.)	To train 4,000 City employees on the Hazard Communication Standard, Hazardous Waste Control, and Hazardous Materials Release Response laws.
To conduct 1,800 hazardous materials facilities (above & below ground) inspections.	81% accomplishment	Conducted 1,460 hazardous inspections. (There was a delay in the hiring of staff.)	To conduct 2,300 above and below ground hazardous materials facilities inspections.

1988-89 AB 8
Component B. Public Health Services
Section f. Public Health Laboratory Services

PUBLIC HEALTH LABORATORY SERVICES

- Need Statement

To date there have been over 5,300 reported cases of AIDS in San Francisco. Some health authorities have estimated that by the end of 1988, there will be at least 5,800 cases. A need exists to continue to provide diagnostic laboratory services for AIDS cases and for testing in the community for the antibody to the AIDS related virus. Attempts will be made to secure a continuation of funding for this needed service if Federal and State monies are no longer available.

Yearly, at least 1,500 cases of sexually transmitted disease due to parasites and enteric bacteria occur in San Francisco. Current funding for the communicable disease and laboratory effort to combat this problem will need to be extended. A continuation of the funding will be requested from the City.

- Program Description

A major portion of time is devoted to the generation of technical and diagnostic information to aid in communicable disease control. The following services are provided:

- Enteric Bacteriology: Laboratory service for the isolation and identification of all known enteric bacterial pathogens of public health significance is offered to Department medical staff. Cultures of contacts to known cases as well as release cultures for cases occurring in food handlers, patient care providers and child day care operators are offered. Examinations for enteric bacteria are offered to our high-risk gay population.
- Gonorrhea Bacteriology: Laboratory service for the isolation and identification of N. gonorrhea is offered for Department clinics and selected physician offices.
- Tuberculosis Bacteriology: Laboratory service for the isolation and identification of mycobacteria and drug susceptibility testing is offered to Department clinics.
- Special Bacteriology: Laboratory service for the isolation and identification of other bacterial pathogens of public health significance (e.g., listeria, pertussis, brucellosis, etc.) is offered to Department medical staff.

- Parasitology: Laboratory service for the identification of intestinal, blood and tissue parasites is offered to Department medical staff. Confirmation of identification made by clinical and hospital laboratories is also offered. Parasitic examination services are offered to our high-risk gay male population.
- Mycology: Laboratory service for the isolation and identification of mycotic agents of public health significance is offered to Department medical staff.
- Virology: Laboratory service to aid in the diagnosis of a broad range of diseases of viral and rickettsial etiology is offered to Department medical staff and community physicians. Testing specimens from AIDS cases and high-risk populations will continue. Testing for the antibody to the AIDS related virus will continue through both the Alternative Test Site and private physician programs.
- Syphilis Serology: Laboratory service to aid in the diagnosis of syphilis through serological methods is offered to Department medical staff.
- Food Microbiology and Chemistry: Laboratory service is offered to Departmental medical and environmental health staff to aid in the investigation, epidemiology and control of food poisoning outbreaks in the community.
- Water Microbiology and Chemistry: Laboratory service is offered to Departmental environmental health staff to aid in the surveillance of drinking and recreational water quality.
- Toxicology: Laboratory service for the determination of toxicants in patient specimens is offered to hospital medical staff to aid in patient management.

Reference laboratory services and specialized services offered to the local medical community constitute another major allocation of resources by the public health laboratory. As the County reference laboratory in microbiology, the public health laboratory confirms the identification of various microbiological agents received from medical laboratories. The public health laboratory is the only local and easily available source for the following specialized laboratory services: fluorescent darkfield microscopy test for the treponemes of syphilis; rabies virus testing; food poisoning examination; viral and rickettsial serological testing; drug susceptibility testing and definitive identification of tuberculosis bacteria; and definitive identification of viral and bacterial agents.

Consultation and technical training are offered to the Department's staff and the local medical community and constitute another major allocation of resources by the public health laboratory. Technical professional training is offered in all areas of the public health laboratory program to community laboratory personnel.

Proficiency testing and quality control are the indicators of quality-assured laboratory services. These two areas constitute a substantial portion of the resource allocation. Proficiency testing is performed for all areas in which the laboratory offers test procedures. Quality control of all media, reagents and equipment is performed before or concurrently with all test procedures.

Several areas continue to be of concern. Chlamydia infections are causing an epidemic of male and female genitourinary tract infections. Three to ten million new infections occur annually in the United States, comparable to two million gonococcal infections. The infections caused by chlamydia are serious. Pelvic inflammatory disease, infertility, prematurity and neonatal death are associated with chlamydia. A need exists to provide a diagnostic laboratory test service to the community. A budget request was granted by the City to fund this service for FY 1988-89 and will allow approximately 6,000 patients to be tested as part of this program. Better methods for drug detection and identification are needed, but toxicology resources (personnel, equipment and supplies) are limited to a bare minimum. New tests for significant drugs may not be developed and quality control procedures may be applied at only a minimally acceptable level.

The laboratory provides contractual testing service to several Bay Area health departments and hospitals and thereby produces revenue for the general fund. Given the budget for 1988-89 requested by the Department, approximately \$160,000 in revenue is expected, as long as no further reductions in personnel and supply resources are imposed upon the laboratory during the year.

- Program Changes for FY 88-89

Due to laboratory budget reduction of 11.5% for FY 88-89, including the loss of three professional positions, over 20,000 tests for communicable disease control will be eliminated for 1988-89. In the Sexually Transmitted Disease Control Program, services to 15,000 patients for syphilis serology tests will be discontinued, as will be Herpes virus testing for 200 patients. In the Communicable and Chronic Disease Control Program, services to 3,700 patients for rubella (German Measles) testing; 1,000 patients for streptococcal throat cultures; 400 patients for cancer screening; and steam sterilizer sterility cultures will be discontinued. In the Sexual Trauma Services Program, testing for sperm for 300 patients will be eliminated.

PUBLIC HEALTH SERVICES
f.) Public Health Laboratory Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: Public Health Laboratory Services			
To provide 215,000 tests (+ or - 10%) for the public health division.	Met. 244,825 tests provided (+14%)		To provide 215,000 tests (+ or - 10%) for the public health division.
To maintain revenue at \$100,000 (+ or - 15%)	Met. \$172,218 collected in fees (+72%)		To maintain revenue at \$160,000 (+ or - 15%)
To report within 2 working days of specimen receipt, 90% of all microscopic examinations for acid-fast bacilli.	Met. 100% of exams. (+ 11%)		To report within 2 working days of specimen receipt, 90% of all microscopic examinations for acid-fast bacilli.
To report within 2 working days of specimen receipt, 90% of all serum VDRL tests for syphilis.	Met. 100% of exams. (11%)		To report within 2 working days of specimen receipt, 90% of all serum VDRL tests for syphilis.
To report within 3 working days of specimen receipt, 90% of all culture negative examinations for gonorrhea.	Met. 99% of exams. (+ 10%)		To report within 3 working days of specimen receipt, 90% of all culture negative examinations for gonorrhea.
To report within 5 working days of specimen receipt, 90% of all microscopic examinations for ova and parasites.	Met. 99% of exams. (+ 10%)		To report within 5 working days of specimen receipt, 90% of all microscopic examinations for ova and parasites.

Component B. Public Health Services
 Section g. Communicable Disease Control and Epidemiologic Services

Sexually Transmitted Disease Control

- Need Statement

San Francisco's reported sexually transmitted disease (STD) case rates continue to be among the highest in the country for gonorrhea, syphilis, enteric infections and AIDS. While the overall incidence of syphilis has declined, gonorrhea rates increased in 1987 for the first time since 1982. These diseases continue to be a significant problem that must be addressed, especially among heterosexual minorities. STD Control is especially important at this time because persons seeking treatment for STDs are not engaging in safe sex practices and are, therefore, at risk for human immunodeficiency virus (HIV) infections. Furthermore, recent studies have implicated some STDs as cofactors in the acquisition of HIV.

- Program Description

The San Francisco City Clinic, which is located at 356 7th Street, provides confidential evaluations, diagnosis and treatment of syphilis, gonorrhea, chlamydia, pelvic inflammatory disease (PID), non-specific urethritis, epididymitis, cervical dysplasia, herpes, venereal warts, candida, trichomonas, bacterial vaginosis, intestinal parasites, scabies, and crabs, AIDS/STD risk reduction education and counseling and anonymous HIV testing. Gonorrhea, chlamydia and syphilis screening are also provided in the Health Centers, Larkin Street Clinic, Youth Guidance Center and the Jails. Additional services include:

- Health education and community outreach to high risk groups including minority in-school and out-of-school youth;
- Disease surveillance conducted by review of laboratory notifications, hospital and clinical records, physician reports, etc.;
- Education for professionals on STD patient protocols and/or case consultation with other public clinics and the private medical community;
- Gonorrhea screening for female patients using facilities outside of City Clinic. Currently, 50,000 cultures are performed per year at outside facilities.
- Chlamydia screening for female patients using facilities outside of City Clinic. Currently 5,000 tests are performed each year at outside facilities.
- Case finding and epidemiologic followup of gonorrhea, chlamydia and infectious syphilis;
- Case finding and followup of all gonococcal pelvic inflammatory disease (GCPID) patients diagnosed and treated in San Francisco;
- Case finding and epidemiologic followup of individuals suspected or identified as having an infection caused by penicillinase-producing *Neisseria gonorrhea* (PPNG) or chromosomally-mediated gonorrhea (both are specific antibiotic resistant strains of gonorrhea);

Finally, a computerized morbidity registry is maintained at the City Clinic to facilitate clinic and field operations.

Tuberculosis Control

- Need Statement

San Francisco ranks among the highest of the nation's cities in its tuberculosis case rate because of its many alcoholics and homeless people and because of a continuous influx of immigrants from Southeast Asia, Latin America, and other countries where tuberculosis is not under control in the general population. Another population requiring services and at increased risk for tuberculosis is persons with AIDS.

- Program Description

Diagnostic, treatment, epidemiologic followup, and case finding tuberculosis services are offered by the Department of Public Health's multi-lingual staff at several sites throughout the city, including San Francisco General Hospital (SFGH), as well as facilities in Chinatown and the Tenderloin. The SFGH site offers the largest volume and variety of services, including a case registry that is the focus of epidemiologic case finding and followup services. The Chinatown facility serves primarily Chinese and Southeast Asians. The Tenderloin facility supervises treatment for an elderly, alcoholic population incapable of assuming responsibility for themselves. Professional education and case consultation are also available, and selected school children are routinely tested for tuberculosis by district health center staff.

Immunizations

- Need Statement

By law children entering school must show proof of having been properly immunized against 7 vaccine-preventable diseases. Children of immigrants and other newcomers tend to have a poor immunization history and therefore must be carefully evaluated and frequently may require reimmunization. Influenza vaccine is distributed annually to the older citizens and other at risk populations of San Francisco. In 1987 24,733 influenza immunizations were administered as part of the county-managed program. A total of 29,486 childhood immunizations were given by the Department. A new immunizing agent, a vaccine against Haemophilus influenzae b (Hib), designed to protect children under age 5 from this bacterial infection is not required of school children but is recommended for children under 5 and is given by the Department as well.

- Program Description

Standard immunizations are provided to children in the five district health centers throughout the year for a fee of \$5 per visit. This fee is waived when the family is unable to pay. Influenza immunizations are offered every year in the fall in a community-wide program. Influenza vaccine is given to hospitals, physicians, nursing and convalescent homes upon request. The Department also coordinates on-going, intensive educational and promotional activities.

The State provides immunizing agents against polio, tetanus, diphtheria, pertussis, measles, mumps, rubella, pneumococcal pneumonia and haemophilus influenza b to the County on an on-going basis. The County must purchase Td, DT and PPD at an estimated cost of \$5,000 for the 1988-89 fiscal year.

In the Fall of 1987, preschool attendees (9,330 children attending 211 preschools) and kindergarten students (7,627 students attending 158 schools) were assessed to determine if they met school immunization requirements. In the Spring a selected review of 12 preschools and 12 kindergartens was conducted to verify the vaccinations levels.

Non-infectious Disease Epidemiology

- Need Statement

Non-infectious diseases are by far the leading causes of death in San Francisco as in the rest of the country. However, there are few epidemiological data available to the San Francisco Department of Public Health concerning these diseases. This hampers efforts towards preventing and planning services for a wide range of non-infectious diseases including hypertension, cancer, drug overdoses and injuries and diseases associated with environmental hazards.

- Program Description

The non-infectious disease epidemiology unit is located at 101 Grove Street and provides surveillance and investigation of non-infectious diseases including cancer, chronic diseases (e.g., hypertension and diabetes), injuries, and diseases due to environmental toxic hazards as well as evaluation of programs aimed at reducing mortality and morbidity from non-infectious diseases. Additionally, the unit provides data at the request of other programs within the San Francisco Department of Public Health and other agencies. In FY 1987-88 accomplishments included:

- A comprehensive study of the leading causes of death (and injuries) in San Francisco 1985 from death certificate data.
- Study of the timeliness of diagnosis of cervical and breast cancer by age and ethnic group from cancer registry data.
- Analysis of injuries in person >65 years of age from hospital discharge data.
- Investigations of clusters of Parkinson's disease and childhood cancer.
- Investigation of drug related deaths based on medical examiner's reports.
- Evaluation of projects designed to reduce fall-related injuries in the elderly; and to improve knowledge, attitudes and behavior regarding cardiovascular risk factors.
- Provision of data to other programs on drug-related deaths (1982-1986); gun-related deaths (1982-1986); bicycle deaths (1982-1986); and cancer trends (1973-1985).
- Participation in setting up the Bay Area Cancer Coalition.

General Communicable Disease Control

- Need Statement

In addition to tuberculosis, AIDS, and other sexually transmitted diseases, more than 50 other communicable conditions are reportable to the Health Department. In 1987 over 2,500 such cases were reported and required public health action ranging from routine follow-up to major investigation and control efforts to prevent spread.

While the Bureau serves the entire city, certain population groups are at higher risk of acquiring infections. Infectious diseases of the respiratory and gastrointestinal tract spread readily in day care centers, affecting many children and parents in the community. A major prevention effort through education will continue this year to try to reduce the occurrence of disease in these settings. Gay men are at high risk of developing sexually transmitted enteric infections. A program to identify, test and counsel this group is in place. Laboratory tests are available at no cost through participating public health sites in the city.

- Program Description

The Bureau maintains a program to collect, analyze and evaluate information concerning the distribution and the extent of communicable disease in the city with the ultimate goal of reducing its occurrence. Information obtained from medical care providers, laboratories, clinics, hospitals, schools and individuals is collected and interpreted to initiate appropriate public health action. Special surveillance programs are carried out on certain diseases of particular interest, such as viral hepatitis, amebiasis, salmonellosis, and shigellosis.

A major effort centers on the reduction of sexually transmitted enteric diseases in the high risk population of gay men. Persons with these infections are identified, tested and treated. A major effort is made to identify their partners for examination and treatment as needed.

The Division initiates followup on reported animal bites for rabies control. Eight hundred and forty-three reports were recorded in 1987, many requiring negotiations with owners, victims, and police. This activity has assumed increased importance as result of a fatal case of human rabies in a San Francisco resident in 1987.

The Division continues to support a health education program for Day Care Center providers to stress the importance of communicable diseases in this age group and teach how to prevent their spread. Enforcement of existing immunization requirements by providers is an important part of disease reduction.

AIDS Services

Primary responsibility for AIDS surveillance and other programs is in the Department's AIDS Office. However, since AIDS is a major health program in the County, it is important that control efforts take place in all appropriate segments of the Department. Correspondingly, AIDS education and risk reduction are a part of the sexually transmitted enteric disease program and hepatitis B counseling. The sexually transmitted disease clinic provides anonymous HIV testing to the community.

g.) Communicable Disease Control and Epidemiologic Services
Program Objectives/Assessment of Accomplishments

FY 1987-88

Program Objectives

Level of

AccomplishmentExplanation

FY 1988-89

Program ObjectivesProgram: Communicable Disease Control and Epidemiological ServicesCategory: Sexually Transmitted Disease

To provide expanded comprehensive STD services at a rate of 33,000 patients per year at City Clinic to include evaluation for syphilis, gonorrhea, chlamydia, papilloma virus, vaginitis/urethritis syndromes and other STD.

28,355 patient visits

Staffing shortages have contributed to a decrease in the number of clients served and our ability to meet this objective.

To provide comprehensive STD services at a rate of 28,000 patients per year at City Clinic to include evaluation for syphilis, gonorrhea, chlamydia, papilloma virus, PID, vaginitis/urethritis syndrome and other conditions.

To interview 99% of all newly diagnosed cases of infectious syphilis and symptomatic cases of gonorrhea seen at City Clinic.

92.17% interviewed

Staffing shortages combined with increasing workloads, especially in the areas of PPNG, chlamydia, and AIDS, have had an impact on all disease intervention efforts and our ability to meet these objectives

To interview at least 95% of all newly diagnosed cases of infectious syphilis and symptomatic cases of gonorrhea seen at City Clinic.

To locate and bring to examination 85% of contacts to early syphilis and 83% of contacts to gonorrhea.

79.81% of syphilis contacts examined; 73.46% of gonorrhea contacts examined

Staffing shortages combined with increasing workloads, especially in the areas of PPNG, chlamydia, and AIDS have had an impact on all disease intervention efforts and our ability to meet these objectives.

To locate and bring to examination at least 85% of contacts to early syphilis and 80% of contacts to gonorrhea.

To provide chlamydia testing and evaluation at City Clinic for a total of 7,000 patients who are deemed to be at risk.

8,222 patients tested

Supplemental funds allowed for making more tests available to high risk patients needing to be tested.

To provide chlamydia testing and evaluation at City Clinic for a total of 9,000 patients who are deemed to be at risk.

PUBLIC HEALTH SERVICES
g.) Communicable Disease Control and Epidemiologic Services
Program Objectives/Assessment of Accomplishments

County: San Francisco
Fiscal Year: 1988-89

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Communicable Disease Control and Epidemiological Services - continued</u>			
Category: <u>Tuberculosis Control</u>			
To maintain the level of tuberculosis diagnostic, treatment, and epidemiologic services at 30,000.	31,586 services provided		To maintain the level of tuberculosis diagnostic, treatment, and epidemiologic services at 30,000.
To complete multidrug treatment for 91% of newly diagnosed tuberculosis cases.	94.6% completed treatment		To complete multidrug treatment for at least 91% of newly diagnosed T.B. cases.
To complete prescribed prophylactic treatment for 88% of identified close or high risk contacts of T.B..	85.3% completed prophylaxis		To complete prescribed prophylactic treatment for at least 88% of identified close or high risk contacts of tuberculosis.
To evaluate 90% of the patients identified and referred by the Health Centers within one month of referral.	89.5% evaluated		To evaluate at least 90% of the patients referred by the Health Centers within one month of referral.
Category: <u>Immunizations</u>			
To increase immunizations levels to 95% for entering kindergartners in accordance with national goals.	1987-88 kindergartners adequately immunized: Polio: 92.3 DPT: 91.2 Measles: 97.2 Rubella: 97.1 Mumps: 97.1		In increase immunization levels to 98% or greater for entering kindergartners for each of the legally required immunizations.
To maintain immunization levels at 95% or greater among infants and preschool children.	1987-88 preschool attendees adequately immunized: Polio: 97.8 DTP: 98.1 Measles: 98.7 Rubella: 98.6 Mumps: 98.6		To maintain immunization levels at 95% or greater among infants or preschooler.

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Communicable Disease Control and Epidemiological Services - continued</u>			
Category: <u>Non-Infectious Disease Epidemiology</u>			
		To continue to develop a surveillance system for non-infectious diseases using computerized data sets that include death certificates, hospital discharge and cancer registry data.	
		To conduct investigations of clusters or unusual occurrences of non-infectious diseases.	
		To continue to assist in the evaluation of intervention programs.	
		To do analyses and provide data on non-infectious diseases to other programs and agencies.	
		To continue working to accomplish the goals of the Bay Area Cancer Coalition by serving on the nutrition and cancer, and data sub committees.	
		To work with the AIDS Office, California Department of Health Services and U.C. Berkeley staff in studying AIDS related malignancies.	

PUBLIC HEALTH SERVICES

County: San Francisco
Fiscal Year: 1988-89

g.) Communicable Disease Control and Epidemiologic Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Communicable Disease Control and Epidemiological Services - continued</u>			
Category: <u>General Communicable Disease Control</u>			
To provide disease surveillance, epidemiologic investigations, and follow-up for 4,000 cases of communicable diseases; such as hepatitis, meningitis, and foodborne outbreaks.	2,615 cases	A sharp decline was seen in the number of reported cases of hepatitis B, amebiasis and giardiasis.	To provide disease surveillance, epidemiologic investigation and follow-up for 2,500 cases of communicable diseases, such as hepatitis, meningitis, and foodborne outbreaks.
To provide surveillance and evaluation of reported animal bites.	882 animal bite investigations		To provide surveillance and evaluation for 900 reported animal bites.
To dispense free immune globulin (IG) to all viral hepatitis contacts.	393 doses given		To dispense free immune globulin (IG) to all viral hepatitis contacts.
Category: <u>AIDS Services</u>			
To provide an outreach program to find cases of sexually transmitted enteric disease and identify their contacts, and to provide them with laboratory evaluation, treatment, and counseling services.	78.8% contacts identified and had stool specimens examined		To provide an outreach program to find cases of sexually transmitted enteric disease (STED) and identify their contacts, and to provide them with laboratory evaluation, treatment, STED counseling, and AIDS risk reduction education.
To publish the <u>San Francisco Epidemiologic Bulletin</u> , on a monthly basis, for the professional community with information on disease trends and prevention.	Circulation 2,680		To publish the <u>San Francisco Epidemiologic Bulletin</u> , on a monthly basis, for the professional community with information on disease trends and prevention.

COMMUNITY HEALTH STATISTICS

Vital Statistics Registration and Certification

- Need Statement

Certified copies of birth and death certificates are needed for a multitude of purposes.

- Program Description

This program registers all births, deaths, and fetal deaths occurring in San Francisco, and certifies vital documents requested by the public in person or by mail.

A microfiche conversion of records project began July 22, 1988, and should be completed within the first six months of FY 1988-89. The project should protect our badly deteriorating records and source of revenue and ensure our ability to continue service to the public.

An Automated Vital Statistics System (AVSS) for registering births and entering medical data directly by hospitals via computer continues to be operative in the Bureau. Differences in coding of statistical data between the Office of the State Registrar of Vital Statistics (OSR) and the UC Regents, who own AVSS, appear to have been resolved. When tests have been completed to determine that electronic data collected via AVSS conforms to State and Federal standards, one or more hospitals may be added to the system.

Statistical Compilation and Reporting

- Need Statement

Statistical data are needed for Departmental planning.

- Program Description

This program prepares annual statistical reports, and annual maternal and child health tables which are used for Departmental planning.

During FY 1988-89, a Vital Records Improvement Project (VRIP) grant request will be submitted to OSR for purchasing a personal computer to be used in the Bureau for statistical analysis of electronic birth data. Although data is collected on AVSS, the AVSS system is a far better data collection system than a system for the manipulation and analysis of statistical data. Funds for the VRIP grant will be provided by a small portion of the two-dollar surcharge collected on each certified copy issued by the counties and transmitted to OSR each month.

Public Information

- Need Statement

Statistical information is needed by other sections of the Department and other government agencies, other health professionals and the public. The public also needs information on obtaining and amending birth and death certificates.

- Program Description

This program satisfies 10 to 20 requests for statistical information weekly from professionals and the public. Two hundred calls are received daily for information on birth and death certificates.

PUBLIC HEALTH SERVICES
h.) Community Health Statistics
Program Objectives/Assessment of Accomplishments

<u>FY 1987-88</u> <u>Program Objectives</u>	<u>Level of</u> <u>Accomplishment</u>	<u>Explanation</u>	<u>FY 1988-89</u> <u>Program Objectives</u>
Program: <u>Community Health Statistics</u>			
Category: <u>Vital Statistics Registration and Certification</u>			
To maintain registration of an expected 22,000 births, deaths and fetal deaths.	Full accomplishment	22,988 registered	To maintain registration of an expected 22,000 births, deaths and fetal deaths.
To maintain the 1986-87 level of service by issuing 95,000 certified copies of birth and death certificates.	Full accomplishment	101,574 - see below	To maintain the 1987-88 level of service by issuing 95,000 certified copies of birth and death certificates.
To maintain records and statistics revenue at current level of \$420,000.	Full accomplishment	\$449,542 collected; more birth certificate requests for SS#'s for IRS.	To maintain records and statistics revenue at current level of \$425,000.
To maintain the level of efficiency by issuing birth and death certificate mail requests within 5 working days of receipt of request.	Full accomplishment	Certificates issued within 5 working days	To establish a new level of efficiency by issuing birth and death mail requests within 4-6 weeks of receipt of request. This is a result of budget cuts and staff reductions.
To issue one annual Tuberculosis Report for 1987.	TB Clinic has produced report	TB Clinic has created capacity to produce its own reports.	None.
To issue one annual Statistical Report for 1986.	Full accomplishment	1986 statistical base of data now available.	To issue one annual Statistical Report for 1987.
Category: <u>Public Information</u>			
Statistical staff will fill all requests for statistical information.	Full accomplishment	All requests filled	Statistical staff will fill all requests for statistical information.

Component B. Public Health Services
Section i. Health Services for the Elderly

SENIOR HEALTH SERVICES

Census data from 1980 indicate 15 percent of San Francisco's population is 65 years of age or older. Thirty-four percent of these elderly citizens live alone, 23 percent are members of minority populations, 7 percent are of Spanish origin and 9 percent have incomes below the Federal poverty level. The Office of Senior Health Services is responsible for programs that serve seniors exclusively, including the Senior Information and Referral Program, the Senior Medication Education Program, the ElderCare Program, and the newly developed CHIPPS Program (Community and Home Injury Prevention Project for Seniors) which is partially underwritten by a grant from the Henry J. Kaiser Family Foundation. Two Department projects, the North of Market Multipurpose Senior Services and the Downtown Senior Center are also part of the Office of Senior Health Services.

1988-1989-AB 8
Component B. Public Health Services
Office of Senior Health Services
Office of Senior Information
Referral and Health Promotion

- Need Statement

The population over 60 years of age is steadily increasing nationally and in San Francisco. Currently, over 20% of the population in the City is over 60 years of age. San Francisco is, in most areas, rich in community resources to meet the needs of this older population group. However, the community is not often aware of the resource of how to effectively utilize them. More than 2000 individuals a month use the services of the Office of Senior Information, Referral and Health Promotion - approximately 700 walk-in and 1300 by telephone.

- Program Description

The Office of Senior Information, Referral and Health Promotion provides a variety of services.

- a. Information and Referral

Staff provide older adults with information about and referral to the wide variety of health, recreation, legal and social services agencies and programs in San Francisco. An annual Directory of Senior Services in San Francisco is produced and distributed by this Office. In addition, a variety of special lists of senior services (housing, exercise programs, in-home support service providers, etc.) are compiled and provided to the public by the staff.

- b. Health Promotion

- Health Screening: Blood pressure and colorectal screening
 - Health Education: Smoking cessation classes, arthritis self-management classes
 - Health Information: A wide selection of health education print and audio-visual materials

- c. Gold Card Discount Program

Local merchants are solicited by the Office to give discounts to adults over the age of sixty who possess a Gold Card. The Office gives out the free Gold Card to seniors and prints a directory of merchants who participate in the program.

- d. MUNI I.D. Card

Staff are the sole source provider of the Municipal Transit senior discount card. This card is given free of charge to persons 65 years of age and older and allows them to ride MUNI for \$.15.

PUBLIC HEALTH SERVICES
Office of Senior Health Services
Office of Senior Information,
Referral and Health Promotion

Program Objective/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
1. To produce one Senior Resource Directory on County Services for older adults.	Objective met		1. To produce one Senior Resource Guide on County Services for older adults.
2. To inform 500 people about available services to older adults in San Francisco - via public presentations to groups (employee groups pre-retirement groups clubs, organizations).	Objective met		2. To inform 500 people about available services to older adults in San Francisco - via public presentations to groups (employee groups, pre-retirement groups, clubs organizations.)
3. To participate with the Coalition of Agencies Servicing the Elderly in organizing and carrying out the 3rd Annual "Bay to Breakfast Senior Walk for Health" on October 1, 1987.	Objective met		3. To participate with the Coalition of Agencies Servicing the Elderly in organizing and carrying out the 4th Annual "Bay to Breakfast Senior Walk for Health" on September 1, 1988.
4. Provide Blood Pressure Screening to 200 persons.	Objective not met	Reduction in staff did not allow staff time to provide this service.	4. Provide Blood Pressure Screening to 100 persons.
5. Work with a small committee of CAIRS and the State Department of Aging to initiate State Standards for Senior I&Rs.	Objective in process		5. Work with a small committee of CAIRS and the State Department of Aging to initiate State Standards for Senior I&Rs.

PUBLIC HEALTH SERVICES
Office of Senior Health Services
Office of Senior Information,
Referral and Health Promotion
Program Objective/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
6. Maintain accurate list of the following services: Housing, Employment, Senior Center and Clubs, Recreation & Leisure Activities, Support Groups, Exercise Classes, Tours & Vacation Opportunities for Older Adults.	Objective met		6. Maintain accurate list of the following services: Housing, Employment, Senior Centers and Clubs, Recreation & Leisure Activities, Support Groups, Exercise Classes, Tours & Vacation Opportunities for Older Adults.
7. Screen 100 persons for colorectal cancer.	Objective not met	Not able to secure colorectal self-screening tests	7. Screen 50 persons for colorectal cancer.
8. Maintain Senior Newsline calls at 50 per week.	Objective met		8. Maintain Senior Newsline calls Calls at 50 per week.
9. Produce one directory "Services for the Homebound"	Objective met		9. Update & produce one directory titled "Services for the Homebound".
			10. To provide 750 client information units per month.
			11. To provide 500 client referral service units per month.
			12. To provide 150 follow up units of service per month.

PUBLIC HEALTH SERVICES
Office of Senior Health Services
Office of Senior Information,
Referral and Health Promotion
Program Objective/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
			13. To provide 250 clients per month with senior discount Gold Card or Muni I.D. card.
			14. Coordinate the Eligibility check-up Coalition Plan and carry out the Eligibility Check-up program in 8 agencies in San Francisco.
			15. Participate with Suicide Prevention and Friendship Line to carry out a needs assessment and design a planning document and fundraising strategy to address suicide and the elderly in San Francisco.

1988-89 AB8
Component B. Public Health Services
Office of Senior Services
Office of Senior Information, Referral and Health Promotion
Community and Home Injury Prevention Project for Seniors (CHIPPS)

- Need Statement

With the ever-increasing physical, mental and financial cost of illness and injury, promoting health and preventing illness is a major effort of this office. In July, 1987, the Henry J. Kaiser Family Foundation funded the Department for three years to institute a community-based program to reduce unintentional injury occurring to persons over 60 years of age in San Francisco. This new program is called CHIPPS (the Community and Home Injury Prevention Project for Seniors).

Injuries are the sixth leading cause of death for persons 65 years of age and older. Persons 75 years and older are at highest risk. The incidence of non-fatal injuries is 23.6 injuries per year for 100 persons 65 years of age and older. This rate is lower than many other age groups but: 1) 90% of injuries require medical attention; 2) severity and recovery time is greater than for any other age group; and 3) the majority of deaths and injuries occur in and around the home.

- Program Description

The goal of CHIPPS is to reduce the rate of unintentional injuries, both in the home and the community, suffered by persons 60 years of age and older in San Francisco. Also, while the highest at-risk group is aged 75 plus, this health promotion community effort will target persons over 65 years of age. This will allow adequate lead time for incorporating health-seeking and prevention-oriented behaviors into normal activity patterns. Because data suggests that the majority of falls, fires, and burns occur at home, CHIPPS will focus on the place of residence during the first two years. Data on unintentional injuries that occur in the community (motor vehicle accidents, falls in public places, injuries in nursing homes, etc.) will be collected during years two through five. During years three through five, community efforts will be identified and acted on to address these behavioral and environmental causes.

PUBLIC HEALTH SERVICES
Office of Senior Health Services
Office of Senior Information,
Referral and Health Promotion
Program Objective/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
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Category: Community and Home Injury Prevention for Seniors (CHIPPS)

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|--|---------------|--|--|
| 1. To pilot the CHIPPS Home Audit to older adults. | Objective met | | |
| 2. To meet with the CHIPPS Community Council three times in 1987-88. | Objective met | | |
| 3. To design an evaluation protocol for CHIPPS. | Objective met | | 1. To enroll 363 persons into the CHIPPS Demonstration - 132 of whom will (by June 30, 1989) receive a medication review, home audit and modifications.
2. To complete the Community Assessment to determine the community contribution to unintentional injury (by December 1988).
3. To develop a community plan of action to reduce unintentional injuries in San Francisco (Jan. 1988).
4. To meet with the CHIPPS Community Council 4 times 1988-89. |

Component B. Public Health Services
Section i. Health Services for the Elderly

Senior Medication Education Program (SRx)

- Need Statement

American who are 65 years and older comprise 11% of the population, yet they take 25% of all medicines sold in this country. This is more than any other age group. In San Francisco, seniors comprise up to 15.3% of the population, and presuming that their consumption of prescription drugs is at least proportionate to the national average, consume more than 30% of the drugs prescribed in San Francisco. Due to the extensive use of medicines, the existence of more chronic illnesses, and increased physical sensitivity to drugs, the elderly are at high risk for drug misuse problems.

- Program Description

The Senior Medication Education Program (SRx) focuses on the innovative use of educational techniques to reduce medication misuse among San Francisco's senior citizens. Its major activities include: 1) personal medication consultation and record cards for clients; 2) performances and follow-up discussions by the Senior Theatre Education Project (STEP), which consists of a drama troupe of senior citizens who serve as peer educators; 3) classes for seniors on medication-related topics; 4) development of consumer medication education materials and 5) inservice and continuing education programs on geriatric medication issues for providers, volunteers, and pharmacy and nursing students. SRx in San Francisco has served as a model for similar programs in other Bay Area counties and coordinates with five other county health departments (Alameda, Marin, San Mateo, Santa Clara and Solano) to bring cost-efficient services to the elderly community and the providers who serve them.

- Program Changes

Reduced funding from the California State Department of Health Services for 1988-89 will result in reduction of staffing and consequently reduced provision of services such as medication consultations, in-service education and education for professionals. In addition, expiration of private foundation funding, which had in previous years partially subsidized senior theater education performances, will result in fewer theater education performances on medications, cardiovascular health and the elderly.

PUBLIC HEALTH SERVICES

i.) Health Services for the Elderly - SRx Program
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Office of Senior Health Services</u>			
Category: <u>SRx Program</u>			
To provide 12 performances of the Senior Theatre Education Project's play on alcohol, medications and the elderly to at least 600 seniors and 80 providers, with at least 20% of the seniors receiving follow-up activities.	11 STEP performances were provided to 756 seniors and 80 providers with 20% of seniors receiving some form of follow-up activity.	One scheduled performance was cancelled due to illness. Larger audience size allowed for greater numbers of seniors to view play.	To provide 6 performances of the Senior Theatre Education Project's play on heart health medications and the elderly to at least 300 seniors and 40 providers, with at least 20% of the seniors receiving follow-up activities.
To provide 1,600 personal medication records to seniors through selected distribution sites, with 50% of a sampling indicating continuous use of the booklets.	Objective met.		To provide 1,600 personal medication records to seniors through selected distribution sites, with 50% of a sampling indicating continuous use of the booklets.
To provide 10 senior mini-classes on medication-related topics to at least 200 senior with 30% of the directors or managers operating these sites indicating positive changes in the medication-taking behavior of their senior clients.	20 mini-classes were presented to 430 seniors.	Participation of UCSF pharmacy students as mini-class presentors allowed program to meet increased demand from community.	To provide 20 senior mini-classes on medication-related topics to at least 400 seniors, with 30% of the directors or managers operating these sites requesting materials for their senior clients.

PUBLIC HEALTH SERVICES
i.) Health Services for the Elderly - SRx Program
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
To provide individual medication consultation services to at least 200 senior consumers at senior residential, activity and clinic sites, as well as at our central program office.	Objective Met.		To provide individual medication consultation services to at least 100 senior consumers at senior residential, activity and clinic sites, as well as at our central program office.
to provide in-service and continuing education programs on geriatric medication issues to 200 providers, with 30% utilizing information and materials as determined through a follow-up evaluation.	Objective met.		To provide in-service and continuing education programs on geriatric medication issues to 200 providers, with 30% requesting further information or materials.
To develop 3 new patient medication education materials which will be distributed to at least 300 senior consumers through SRx staff and selected providers in the community.	Objective met		To develop 3 new patient medication educational materials which will be distributed to at least 300 senior consumers through SRx staff and selected providers in the community.

The ElderCare Program

- Need Statement

There are 104,000 individuals over the age of 65 residing in San Francisco. They constitute over 15% of the City's residents. This is substantially higher than the national or state percentages which are 11% and 10% respectively. The San Francisco Department of Public Health provides an extensive array of medical, psychosocial and related services to this population. Yet, most of these services are not well coordinated. Institution and community-based services are fragmented, with little information shared between providers in each setting. As a result, seniors experience difficulty obtaining access to services or may receive inappropriate care. The most severe impact is felt by those with the least ability to make sense of this fragmented system – frail and poor older adults. The ElderCare Program is designed to improve services for seniors throughout the Department of Public Health by coordinating services for this group of elderly and educating providers about more appropriate methods of servicing this specific population of seniors. As the Robert Wood Johnson grant support for the ElderCare program ends June 30, 1989, additional resources and intra-departmental joint venture programming will be pursued.

- Program Description

ElderCare provides comprehensive case management services to frail seniors who are referred to the program by Department and non-Department services providers, family or friends. Case management is the mechanism through which ElderCare facilitates the coordination, linkage and integration of health, aging and social services delivered by both DPH and non-DPH providers to Department clients. The target population is seniors over the age of 60 who need case management to locate and arrange for necessary services or to manage personal or financial affairs. The average ElderCare client is referred by the primary care staff at SFGH outpatient clinic or a community based linked clinic such as South of Market Health Center, North of Market, Potrero Hill or Southeast Health Center because the patient's multiple medical, social and psychological problems compromise his or her ability to function at home in the community and complicate the implementation of the clinic's care plan.

The ElderCare program operates city-wide. ElderCare's case management staff work with clinic staff and the client to resolve the patient's problems and support medical, nursing and social work staff in the provision of primary care. Case Management or care coordination is comprised of the following activities: intake, assessment, home visits, care plan development, arranging for and monitoring services delivery and reassessment. Key components of the ElderCare model are:

- Centralized intake.
- Comprehensive bio-psycho-social assessment performed in the clients' homes.
- Care plans developed pursuant to the assessment by a multidisciplinary team (nurse, social worker, physician and clinical pharmacist).

- Case management performed by a multidisciplinary team composed of public health nurses and social workers. This method:
 - assures continuity of comprehensive care;
 - assures that an appropriate package of community-based services is delivered to clients which help to maintain them in the community; and
 - allows case management staff to provide services, either public health nursing or social work, directly to clients as needed.
- Services provided by Department and non-Department providers are consistent with terms delineated in intra and interagency agreements.

PUBLIC HEALTH SERVICES
i. Health Services for the Elderly - Eldercare
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
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Provide case management to 230 unduplicated clients.	272 unduplicated clients were enrolled and provided with long-term case management.	Data prior to FY 86-87 projections were not based on an unduplicated census.	Provide case management to 280 clients.
	45 unduplicated clients were provided short-term case management.		
Provide 1,200 home visits.	1175 home visits provided	Case management staff on leave.	Provide 1,500 patient contacts (to include home visits).
Provide psycho-social and health assessments to 150 clients.	150 clients assessed		Provide psycho-social and health assessment to 140 clients.
Provide 8 geriatric staff training and education programs.	5 training programs were provided	Training sessions were provided to a larger staff audience which necessitated more staff time.	Provide 6 geriatric staff training and education programs; and 2 mini staff trainings to DPH staff.

1988-89 AB 8
Component B: Public Health Services
Section i. Health Services for the Elderly

SAN FRANCISCO SENIOR CENTER DOWNTOWN BRANCH

- Need Statement

Approximately 8,000 persons over the age of 60 live in the North of Market catchment area, many in single room hotels without cooking facilities, so low cost meals are a major health and financial need. Many are limited by severe physical and mental disabilities. Many need an environment which can help them form relationships to replace those that have been lost and to strengthen self-confidence and a sense of well-being.

- Program Description

The Downtown Branch of the San Francisco Senior Center provides a wide variety of programs and services to enable older adults to maximize their growth and well-being including casework, groupwork, outreach, and meals, as well as educational, recreational, and socialization activities. Linkages are arranged with other agencies to provide specialized legal services, health services, and Social Security counseling. In-home assessments, case management, and on-going social support and referral services are provided to medically needy elders who are victims of poverty, loneliness, and isolation.

In November, 1985, the Branch moved from its temporary location at 625 O'Farrell to a new facility at 481 O'Farrell. The new facility is in the O'Farrell Towers Building which provides 100 apartments to low-income seniors and disabled persons. The Branch has six times the space of the temporary facility (approx. 8700 sq. ft.) which includes a large dining/program space; and an office and sitting area on the main level. Classrooms, arts and crafts space, a health screening office and other staff offices are located on the lower level. An outside terrace area is shared by the Branch and the O'Farrell Tower residents.

Health services provided by the Branch include blood pressure screenings once monthly by a retired nurse volunteer. Dental, hearing, vision and other screenings are scheduled throughout the year. Health education lectures/films are provided by appropriate community agencies. Counseling is provided weekly. Clients in need of medical care are often referred to the North of Market Senior Service Center. Branch staff attends the North of Market Senior Service Center staff meetings weekly to coordinate client referrals and care of mutual clients.

Since the move to the large facility, 90-100 seniors use the space daily. Meals have increased from 40 daily to 60 daily. Additional meals depend on meal provider's budget and proven need shown by tracking turn-aways. New programs/classes will be added by client interest and recruitment of volunteer staff/teachers. Classes might include weaving, alterations and dressmaking, exercise, block printing, ESL, and literacy. Two types of support groups meet monthly, 1) a low-vision support group meeting monthly and 2) a support group for depressed and lonely seniors conducted by staff from the Central City Seniors Unit, NE Community Mental Health.

The Downtown Branch celebrated its 20th birthday in December, 1986. The parent organization, the San Francisco Senior Center celebrated its 40th birthday in 1987, and has the honor of being the oldest non-profit senior center in the United States.

The Downtown Branch facility is a welcome addition to the Tenderloin/North of Market area. However, increased funding is needed to meet the basic expenses of the larger facility (rent, insurance, utilities, maintenance) as well as additional staff and program expenses in providing a larger, diversified operation for low and middle income seniors. Costs for the new space are four times the amount paid in the former location. Even though all funders were supportive of the move to larger quarters, financial support commensurate with the additional costs incurred has not been forthcoming. Consequently, staffing remains at the same level as before the move.

PUBLIC HEALTH SERVICES
i. Health Services for the Elderly - Downtown Senior Center
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Health Services for the Elderly</u>			
Category: <u>Downtown Senior Center</u>			
<u>Counseling Services</u>			
Provide 1200 hours/year to 260 unduplicated persons for individual assessment and for psychological and reality assistance support.	1205 hours; 267 unduplicated persons		* Provide 965 hours/year to 209 unduplicated persons for individual assessment and for psychological and reality assistance support.
Provide 184 hours/year of health counseling and health screening services for 726 duplicated persons.	266 hours; 698 duplicated persons		* Provide 148 hours/year of health counseling and health screening services for 584 duplicated persons.
Provide 376 hours of group counseling to 1536 duplicated persons in the areas of independent living: living with physical challenges, stress, and issues of isolation and change for the older person.	318 hours; 1610 duplicated persons		* Provide 302 hours of group counseling to 1235 duplicated persons in the areas of independent living: living with physical challenges, stress, and issues of isolation and change for the older person.
			* Reflects a 19.6% reduction in funding by DPH.

PUBLIC HEALTH SERVICES
i. Health Services for the Elderly - Downtown Senior Center
Program Objectives/Assessment of Accomplishments

<u>FY 1987-88</u> <u>Program Objectives</u>	<u>Level of</u> <u>Accomplishment</u>	<u>Explanation</u>	<u>FY 1988-89</u> <u>Program Objectives</u>
Program: <u>Health Services for the Elderly</u>			
Category: <u>Downtown Senior Center</u>			
<u>Health Promotion (Community Services)</u>			
Provide 1825 hours/year of structured activities including classes, trips, birthday and other celebrations to 6940 duplicated persons.	1861 hours; 6604 duplicated persons		* Provide 1467 hours/year of structured activities including classes, trips, birthday and other celebrations to 5580 duplicated persons.
			* Reflects a 19.6% reduction in funding by DPH.

NORTH OF MARKET SENIOR SERVICE CENTER

- Need Statement

The North of Market area, commonly referred to as the Tenderloin, is home to approximately 8,000 senior citizens who live in single room hotels on fixed incomes at or below the poverty line. Although many are Medicare/MediCal eligible, they are unable to take advantage of their benefits because they are homebound; unable to obtain transportation to hospitals, clinics, or offices; have incapacitating mental health problems; or lack social support systems such as family, clergy, and friends.

The North of Market center strives to maintain this population in their home environment as an alternative to institutionalization. The program provides a comfortable setting that is acceptable to the elderly Tenderloin residents who utilize the facility for medical and social needs. The staff and most of the clients view the program as a lifeline that coordinates numerous public and private resources to provide the most comprehensive medical and support service network available for frail, low-income senior citizens.

- Program Description

The North of Market Senior Service Center delivers community-based long term care and related health services to senior citizens residing in the Tenderloin. It coordinates numerous public and private resources to provide the most comprehensive medical and support service network possible for frail seniors.

Services provided by the North of Market center include a medical clinic with housecall and follow-up capability; drop-in clinic; glaucoma screening; podiatry; health education and promotion; adult day health care; social day care; alcoholism counseling and a drop-in center for recovering alcoholics; case management; and daily meals for 100 individuals. Fifty to 70 seniors spend up to four hours per day at the center participating in various social and therapeutic activities.

The North and South of Market Adult Day Health program moved to a new location at 653 Geary in March, 1987 and has expanded its capacity to 40 per day at the new site.

Renovation began at 333 Turk Street in March, 1988, and will continue through September, 1988. By the end of September, we anticipate moving back into the remodeled headquarters, which will have improved clinic treatment rooms, office space, a new staircase, and a new roof. During the six-month period, North of Market Senior Services moved the clinic and offices to 300 Golden Gate Avenue and the meals site and social day care to 363 Golden Gate Avenue. Both sites were one and a half blocks away.

The National Health Service Corps' physician completed his term of service on June 30, 1988, and the Federal Government would not continue the funding after that period. In order to maintain the service to seniors in the Tenderloin, the Department of Public Health has picked up the funding for one physician. A part-time physician has been hired, and another one is being sought to continue the patient services. In addition, the Department of Public Health continues to provide one full-time equivalent physician plus 31 hours to provide medical services and home visits to people over 60 years of age. Medical students from San Francisco General Hospital will be rotating as part of a Health Center elective ten hours per week for three-month blocks of time. A private donation has made it possible to hire a full-time registered nurse for one year to improve clinic services and strengthen outreach.

North of Market continued work with homeless elderly by providing specialized case management to arrange for permanent housing, a source of income, and health care. The outreach case manager was able to stabilize the living situation for 83% of the homeless elders we saw last year. The project is funded by Community Mental Health Services as part of the S.H.O.R.E. program (Senior Homeless Outreach and Re-entry Effort). In addition, a 15-hour per week nurse practitioner has been hired through the new health Care for the Homeless Program of the San Francisco Community Clinic Consortium.

There are now two groups of SE Asians, Cambodians and Chinese-Vietnamese, who participate in the Social Day Care program. We are looking for ways to make the service a more permanent part of North of Market services, since current funding is very uncertain.

The outreach and activities program continues for older women with alcohol problems who live in the North of Market area. Funded by a specialized grant from the State Department of Alcohol and Drug Abuse, the program provides recreation and group support activities to attract older women and begin to get them working on their problems of alcohol abuse. Approximately 60% of the women who have been in the program six months are sober.

PUBLIC HEALTH SERVICES
i) Health Services for the Elderly - North of Market Senior Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: Health Services for the Elderly			
Category: North of Market Senior Services			
1. To provide 17,000 units of medical services during the year to an average of 200 seniors per month. Units include face-to-face contacts, direct, indirect, and other kinds of service.	19,998 units of service to an average of 204 seniors per month. Exceeded goal.	Additional staff and volunteers became available during the year, which enabled us to exceed the objective.	To provide 21,000 units of medical services during the year to an average of 250 seniors per month. Units include face-to-face contacts, direct, indirect and other kinds of service.
2. To provide 6,000 units of nursing services and case management to an average of 60 seniors per month. Units include face-to-face contacts, direct and indirect kinds of service.	5,956 units of nursing services to an average of 73 seniors per month.	A part-time nurse position was vacant for three months, so the accomplishment was slightly less than the goal.	To provide 6,000 units of nursing services and case management to an average of 60 seniors per month. Units include face-to-face contacts, direct and indirect kinds of service
3. To continue the Adult Day Health program at 653 Geary to serve up to 25 frail seniors per day from the North and South of Market area.	Average daily attendance was 26.6 with up to 79 people per month participating.	As the staff was complete and the facility larger, the average daily attendance has begun to increase.	To continue the Adult Day Health program at 653 Geary and serve 30 frail seniors per day from the North and South of Market area.

1988-89 AB 8
Component B. Public Health Services
Section j. Emergency Medical Services

- Need Statement

The effective delivery of emergency medical services demands the concerted efforts of many public and private agencies and institutions, as well as mechanisms for management and control. The delivery of uniform, high quality prehospital care includes the maintenance of standards of practice; requires the development of standards and protocols and certification of personnel; and requires constant monitoring to ensure that those standards are strictly followed.

- Program Description

The Emergency Medical Services (EMS) agency at 135 Polk has responsibility for the overall system design, development, and coordination of the county-wide EMS program. The general areas of responsibility, as defined by State and Federal regulations, are:

- Policy and Standards Development
- Disaster Planning
- Public Education and Information
- Data Collection and Evaluation
- Manpower Training
- Communications
- Facilities
- Transportation

More specifically, the EMS Office is responsible for:

- Establishing criteria for the certification of all pre-hospital care personnel.
- Testing and certifying approximately 200 individuals per year in 3 distinct certification categories.
- Developing, implementing and monitoring field treatment protocols; authorizing and standardizing drugs and equipment for all public and private BLS and ALS units.
- Establishing policies and guidelines for field actions.
- Categorizing and monitoring health care facilities involved in providing emergency medical services to patients transported by ambulance.
- Monitoring and evaluating institutions which train pre-hospital care personnel.
- Cooperating with other agencies in planning for multiple and mass casualty situations.
- Enforcing legislation pertinent to the delivery of pre-hospital care and transport.
- Participating in the activities of groups and organizations concerned with EMS issues in the Bay Area and throughout the State.
- Collecting and analyzing data which will contribute to needs identification and long-range planning in the areas of pre-hospital treatment, manpower and training, and standard development.
- Monitoring quality assurance.

PUBLIC HEALTH SERVICES
j. Emergency Medical Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
To perform annual test of MCI.	Accomplished		To perform annual test of MCI.
To perform 2 Regional Paramedic Certification Exams.	Accomplished		To perform 2 Regional Paramedic Certification Exams.
To implement data collection/analysis system.	Accomplished		
To conduct a 911 public awareness campaign targeting non-English speaking citizens.	Initiated project	Referred to Police Communications Division for implementation.	
			Implement interfacility transfer policy.
			Coordinate first responder early defibrillation grant project.
			To implement new treatment protocols.

1988-89 AB 8
Component B. Public Health Services
k. Health Promotion and Education and Adult Health

- Program Description

The Director of the Office of Health Promotion and Education provides coordination of health education activities, assisted by a Senior Health educator (Training and Staff Development), a Graphic artist and a Secretary. District Health Educators and Assistant Health Educators perform health education and promotion functions under their respective District Health Officers. In addition, several special project health educators carry out activities in specialty areas such as AIDS, Toxics and Environmental Health, Disease Control, CHDP, Family Health, Senior Health, and School Health. Major efforts are directed toward the adult population for the prevention and early detection of diseases that may lead to disability, prolonged institutionalization, and premature death. Clinic services provided at the five District Health Centers include screening for various chronic diseases such as glaucoma, hypertension and thyroid, breast, cervical and colorectal cancer.

A major new addition to clinic services is alternative testing sites for HIV-testing. A range of classes and workshops are also offered in the District Health Centers including risk reduction through hypertension control, general nutrition, weight reduction, smoking cessation, and stress reduction. Support groups at selected health centers help patients and their families cope with chronic disease; these include hypertension, post-stroke, and widow-to-widow support groups.

The basic principles on which health promotion is carried out include:

- a) Involving the population as a whole in their everyday lives, and focusing on people at risk for specific diseases;
- b) Focusing on the determinants or causes of health with action-oriented programs;
- c) Combining diverse but complementary methods or approaches;
- d) Involving health professionals -particularly in primary care- in the important role of nurturing and enabling health promotion.

- Need Statement

Consistent, high-quality, health promotion, education and protection services are needed to help San Francisco residents assume greater responsibility for disease prevention and health promotion; utilize health services and resources appropriately; understand and participate in, and comply with recommendations of health providers; and participate in community health decisions.

Rates for the leading causes of death from chronic diseases are higher in San Francisco than in California or the United States as a whole due to several factors, including: San Francisco's population over sixty years of age is estimated to be one fifth of the total population; and chronic disease problems among refugees are also severe.

The rates for the four leading causes of death from chronic disease per 100,000 population, comparing San Francisco to California and the United States, were as follows in 1985:

	<u>San Francisco</u>	<u>California</u>	<u>United States</u>
Diseases of Heart	344.76	261.88	323.0
Malignant Neoplasms	252.78	173.01	193.3
Cerebrovascular Disease	83.40	57.93	64.1
AIDS	59.45	-	-
Pneumonia and Influenza	43.53	-	-
Accidents and Adverse Effects	-	39.37	39.1

A need exists to promote the overall health and well-being of adults at risk for chronic diseases, handicapping conditions, institutional care, and premature death through the development of preventive and direct services, education, and service linkage.

Prioritizing goals for the bureau is based on a joint assessment of the 1990 Health Objectives for the Nation; Model standards for preventive health services; and annual needs assessment surveys carried out in the Department and District Health Centers.

- Program Changes From FY 1987-1988

All of our current program objectives are ongoing. Specific attention will be focused on the following areas:

- Securing additional fiscal resources for training and staff development.
- Employee health and fitness program development.
- Institutionalization of the Right to Know program in the Department.
- Development of a media outreach campaign on City Health Services and how to access them.
- Continued work on central coordination of health promotion and education services in the department; location of additional facilities for programs and workshops; expansion of media/graphics capabilities and services; training for information and referral services.

PUBLIC HEALTH SERVICES
k. Health Promotion and Education
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
To continue provision of inservice education and consultation to Department staff.	Ongoing	Consultation and technical assistance provided at all levels in Department.	To continue provision of inservice education and consultation to Department staff.
To maintain public health education and promotion services.	Ongoing	Continuing expansion of intersectoral services throughout city and county.	To maintain public health education and promotion services.
To continue to develop programs with budgeted staff positions and resources.	Ongoing	Grants development for new program and initiatives.	To continue to develop programs with budgeted staff positions and resources.
To continue coordination of department wide health education policy, programs and resources.	Ongoing	Implementation "Health Cities" initiative.	To continue coordination of department wide health education policy, programs and resources.

1988-89 AB 8
Component B: Public Health Services
Section 1. Public Health Nursing Field Services

PUBLIC HEALTH NURSING FIELD SERVICES

- Need Statement

Many families and individuals in the community need assistance in meeting their health needs. This assistance, as provided by Public Health Nurses, includes identifying individuals and families with health problems and offering referral for: follow-up; health education and health counseling to promote health and reduce disease and disability; providing information about community resources; and providing case management and care coordination for at risk or high risk clients in the community.

- Program Description

Public Health nursing services cross all programs and address many health problems. In addition to coordinating the health care of high-risk target populations, PHN services provide consultation to community agencies and private sector providers regarding health needs such as management of the AIDS patient in the community. The Case Management Project provides geriatric case management services to older adults not served by the Eldercare project.

Public Health Nurses do casefinding; that is, identifying clients in the community who are at risk for health problems. PHNs assist clients to get medical care; provide assistance to clients with their care regimen through education; coordinate client care; identify community resources that can assist clients in meeting their needs and refer. PHNs provide prevention education, early detection, health promotion and nursing intervention to high risk groups such as families with child abuse, elder abuse, handicapped and/or communicable diseases. PHNs also provide health consultation to child care operators and communicable disease follow up in Day Care Centers in conjunction with the Bureau of Disease Control.

Public Health Nursing Services implemented a Home Care Program in 1986. The primary purpose is to meet the home care needs of the medically indigent population by providing continuity of care between acute care and home care, including preventive/maintenance care. The Home Care program provides nursing, home health aide services, physical therapy, occupational therapy, speech therapy and medical social services to complete a comprehensive home care service. Home care nurses provide the case management that assists in continuity of care.

All Public Health Nurses provide care management services to AIDS/ARC clients from the time of referral. The goal is to provide coordination of services and continuity of care to patients with AIDS/ARC.

In-home services are provided by public health nurses, based on referral and identification of need. Education regarding disease prevention, behavior modification and recommended changes in lifestyle are major components of all services. Coordination of services with those of other community and social service resources help to insure comprehensive care.

PUBLIC HEALTH SERVICES

1) Public Health Nursing Field/Home Care Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
To provide 31,000 home-based PHN encounters.	32,645	Goal exceeded	To provide 35,000 home-based PHN encounters.
a) 13,000 home-based PHN encounters to perinatal clients.	10,867	Not met; reason unknown. All perinatal referrals received were seen.	a) 12,000 home-based PHN encounters to perinatal clients. No analysis of #s of visits made to perinatal clients.
b) Implement N case strategies with high risk infants	Not met	Inadequate nursing administrative staff to follow through.	
c) Provide 650 PHN encounters to clients with AIDS/ARC	1,850	Trebled; increase in AIDS clients.	Implement AIDS case management program. - Provide CM services to 100 AIDS/ARC clients.
To provide 600 units of service to frail elderly clients case management by PHNs.	1,910		Coordinate with Eldercare to have one case management system for the elderly in CCSF.
To provide 2,500 units of service to homebound patients through Home Care.	2,555	Exceeded	Provide 3,000 units of service to home-bound patients through Home Care.
To provide 7,500 hours of school based nursing service for the identification and follow-up of students with health problems.	9,500 hrs.	Exceeded	If funded, implement a case management program for under/uninsured clients.
Start billing for Medi-Cal reimbursable home care services.	Accomplished	Started Spring, 1988	

PUBLIC HEALTH SERVICES

1) Public Health Nursing Field/Home Care Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Implement Peer Review.	Not accomplished	Inadequate Nursing administrative staff to follow through.	
Develop 3 additional standardized Nursing Care Plans.	Not accomplished	Inadequate Nursing Administrative staff to follow through.	

1988-89 AB 8
Component B. Public Health Services
Section m. Other Public Health-Related Services

AIDS OFFICE

- Need Statement

As of July 31, 1988, 5,191 cases of AIDS and 3,199 deaths from AIDS had been reported to the San Francisco Department of Public Health. San Francisco has the highest incidence of AIDS in the United States. Cases of AIDS are increasing most rapidly among non-whites and heterosexual intravenous drug users. The San Francisco Department of Public Health predicts that there will be 17,022 cumulative cases of AIDS diagnosed in San Francisco by July 1, 1993, and there will be between 4,255 and 6,288 persons with AIDS alive as of that date.

The Department of Health has assumed much of the responsibility for establishing educational and treatment services for people with AIDS, ARC, and HIV infection through strong relationships with community based organizations and health service facilities in all parts of the City. The AIDS Office has been the center of these coordination efforts. In addition, the complex nature of the epidemic has required the involvement of many divisions within the Department including Community Mental health Services, Community Substance Abuse Services, Community Public Health Services, Laboratory Services, the Office of Planning, the Bureau of Family Health, the Bureau of Communicable Disease Control, and Forensic Services.

Describing the extent of the AIDS epidemic in San Francisco and assessing the varying demand for services has been the responsibility of the AIDS Office. Research is ongoing to look at the medical aspects and impact of AIDS on individuals as well as to evaluate utilization of health care services by people with AIDS, examine the costs of these services, and to identify gaps in services. Consideration of the relevant medical, social, political, and ethical issues surrounding the services for persons with AIDS is an evolutionary and continual process. Routine evaluation of AIDS research studies, education programs, and service delivery programs is an integral part of the functions of this office.

- Program Description

The AIDS Office, a distinct division of the Department reporting to the Director of Health, manages the majority of City, State, and Federal funding for AIDS prevention and treatment services. An administrative director and a medical director share the responsibility for the policy, program and fiscal management of the entire office. The AIDS Office has five branches, each with its own chief and varied responsibilities:

SURVEILLANCE AND EVALUATION: This branch is responsible for collecting AIDS surveillance information, contracting to conduct population-based research studies on knowledge, attitudes, and behavior relating to AIDS, managing the voluntary partner notification program, and analyzing surveillance data for publication and use in the design of prevention and education programs.

RESEARCH: This branch conducts studies of the natural history, biology, and behavioral aspects of HIV infection in cohorts of gay and bisexual men and transfusion recipients. It also collaborates with other institutions in research related to clinical trials of antiviral therapies and manages the Bay Area component of the national "family" of seroprevalence surveys of various risk groups in clinic settings.

PREVENTION AND EDUCATION: This branch coordinates prevention activities from other divisions of the Department, is responsible for the planning, provision, and management of community and inter-department provider education activities. It also coordinates, manages, and evaluates education programs through contracts with community agencies funded through the Department. These programs may provide education to the general public, develop materials, host educational events, and conduct prevention and education activities in high risk communities, etc. The branch also manages the city's AIDS antibody anonymous testing program.

HEALTH RESOURCES AND SERVICES: The responsibility of this branch is to ensure that non-acute care services and emotional and practical support services are available and appropriate for people with AIDS. Efforts include the management of contracts for subacute and skilled nursing care, home-health and hospice care, adult day health care, counselling services, emergency housing for persons with AIDS, etc.

OPERATIONS BRANCH: This branch is responsible for all grants and contracts management, coordination and management of computer equipment purchased with grant and city funds, and all administrative issues relating to the day to day management of this large office.

- Assessment of Accomplishments During FY 1987-88

Each branch within the AIDS Office establishes program goals and objectives for every type of service and for every contractor. These objectives are evaluated quarterly by the respective branches. General examples of program accomplishments, some by contractors and others directly through the AIDS Office, include:

- Continuation of AIDS Monthly Grand Rounds for community physicians and public health professionals (AIDS Office).
- Expansion of the HIV anonymous antibody testing program by making testing sites available in high risk communities (AIDS Office).
- Continuation of a program to train volunteer mental health professionals to provide counseling regarding HIV infection, AIDS, and ARC (Contractor).
- Development of the "Wedge" education project, a unique program that integrates the factual, emotional, and psychosocial aspects of AIDS by combining a series of presentations in a high school classroom, including one class conducted by a person with AIDS or ARC (AIDS Office).
- Expansion of the City Clinic Cohort study (a natural history study of a cohort of gay and bisexual men who were enrolled in a Hepatitis B vaccines trial in 1979-81 at San Francisco City Clinic) by increasing enrollment (AIDS Office).
- Continued provision of emotional and practical support both in the inpatient and outpatient AIDS dedicated units at San Francisco General Hospital (Contractor).
- Continuation of the Forensics AIDS Project which provides AIDS education to all people entering and leaving the jails and conducts AIDS education and training for emergency services personnel (Contractor).

- Program Changes from FY 1987-88

No specific program changes are anticipated for FY 1988-89. Services currently in place, with the exception of those that were one time efforts (such as the development of brochures or videos) will continue at or near the levels of the current year. It is anticipated that the AIDS Office will play a major role in the planning, activation, and management of the AIDS long-term care facility that has been proposed to occupy a 300-bed hospital that was at one time operated as the Public Health Service Hospital in San Francisco. The opening of this facility will require the addition of personnel to handle administrative issues. Pending Federal funding, it is anticipated that the AIDS Office may be able to move its offices into the building as early as February, 1989, although it is unlikely that health care services will be available before the summer of 1989.

- Program Objectives

Program objectives are established by each branch of the AIDS office and are dependent on the evaluation of existing programs and the needs identified for the coming year. The overall objective of the AIDS office is to ensure that the needs of the different San Francisco communities in regard to AIDS prevention and treatment are met as efficiently and as cost-effectively as possible. Incorporated in this objective is the concern that the financial burdens of meeting the demands of the epidemic are distributed reasonable between the public and private sectors and, within the public sector, distributed fairly among local, state, and national resources.

REFUGEE PREVENTIVE HEALTH SERVICES PROGRAM

- Need Statement

Federal funding for this Program is specifically allocated for legal, designated refugees who enter the U.S.A. with an I-94 INS Form indicating such status. This Program is a support service to the Refugee Medical Clinic of the Family Health Center, SFGH. A major focus of the Program is the health assessment of newly arrived refugees by providing the bilingual, bicultural health worker/interpreter staff which are essential to the successful completion of those assessments.

Approximately 35,000 Southeast Asian refugees and 5,000 non-Southeast Asian refugees reside in San Francisco. Southeast Asians include Vietnamese, Chinese-Vietnamese, Cambodian, Laotian, and Mien populations. Non-Southeast Asians include groups such as Polish, Ethiopian, Eritrean, Czech, Hungarian, Iranian, Iraqi and Romanian. During the last year the federal government allowed increased numbers of refugees from Soviet Block Countries, i.e. Armenia. In the last six months there has been a 20% increase in non-Southeast Asian new arrivals. In order to provide linguistic access to health services, staff coverage must include 12-15 distinct language capabilities. During 1987-88, there were monthly approximately 100 new primary arrivals (those direct from overseas) and 20-30 secondary migrants (those who lived elsewhere and then came to San Francisco).

Through the established coordinated system of tracking new arrivals, at least 90% received health assessments at the Refugee Medical Clinic, SFGH. Of those screened, 80-90% had one or more health problems requiring intervention. Some of the frequently occurring health problems continue to include tuberculosis, intestinal parasites, skin disorders, dental, ear, eye, nutritional problems and mental health problems. Approximately fifteen percent of new arrivals include pregnant women. For refugees living in U.S.A. over a year there are perinatal, communicable disease, child health, dental, nutrition and mental health conditions requiring longer term interventions.

Overall, the refugee population is comprised of approximately 55% males and 45% females, with 45% of these individuals under 18 years of age. The majority of the primary arrivals speak little or no English and are often illiterate in their native languages. Many are not familiar with Western health care practices. The birthrate is significant and many prenatal patients are "at risk" due to nutrition-related health problems and unfamiliarity with perinatal care. There are few licensed health professionals in this country who represent the various refugee communities. This situation may remain the same for another generation, as overseas-trained physicians have great difficulty in obtaining licenses, especially in California. Thus, linguistic and cultural access to services rests primarily with trained health worker/interpreters. In recent years, there has been a steady decrease in Federal/State fiscal allocations for this purpose, resulting in a decrease of health worker/interpreter staff.

State and Federal funding is directed toward health assessments for newly arrived refugees only. These assessments are effective primarily as a result of the use of bilingual, bicultural staff who enable refugees to understand and use the services. What is problematic is the access to health services beyond the initial health assessment. Services to meet ongoing health care needs involving prevention, primary, specialty and mental health care, are limited because in order to receive these services language access is essential. For most groups such access is limited, and for some, it is non-existent. Most health care resources in both the public and private sector have minimal, if any, trained health worker/interpreter staff.

State and Federal authorities claim that health care needs beyond the initial screening period are the responsibility of the locality in which refugees reside. Most designated health funding for refugees is from the Federal government. In 1987-88, the State of California allocated only \$250,000 for refugee health services via the SNAP awards for the entire state. Thus, direct State funding for refugee health services is virtually non-existent.

Linguistic and cultural differences and the absence of trained bilingual, bicultural staff continue to pose the greatest barriers to access by refugees seeking health care. Trained, supervised bilingual paraprofessional staff who could serve as health workers and interpreters is the single most effective intervention. The problem of continued funding for these essential staff positions remains unresolved.

- Program Changes

- As the result of one-third reduction of funding starting 7/1/88 there will be delays in getting refugees screened within the first month of arrival.
- Services to some ethnic groups, especially perinatal services, i.e. Mien, Cambodian, Ethiopian will be limited and, possibly, terminated.

- Impact:

The longer the period between arrival and provision of health screening, the more likely we will lose track of some refugees. The perinatal cases may not obtain health care until late in pregnancy, and then the language barrier will impede provision of services.

When funds are so drastically cut, services are not decreased, but cease. Effects will be manifested in increased TB rates, maternal/child mortality/morbidity rates and numbers of refugees seeking crisis care in Emergency Rooms.

PUBLIC HEALTH SERVICES
m) Other Public Health-Related Services
Program Objectives/Assessment of Accomplishments

FY 1988-89
Program Objectives

Explanation

Level of
Accomplishment

FY 1987-88
Program Objectives

Program: Refugee Preventive Health Services

90% of newly arrived refugees will be identified and screening initiated within the first month of arrival.

Fully accomplished

90% of newly arrived refugees will be identified and screening initiated within the first month of arrival.

90% of refugees will receive screening for TB within first month of arrival.

Fully accomplished

90% of refugees will receive screening for TB within first month of arrival

90% of secondary migrants identified by Department of Social Services will be referred for screening as needed.

Fully accomplished

1988-89 AB 8
Component A. Public Health Services
Section m. Other Public Health-Related Services

DEVELOPMENTAL DISABILITIES COUNCIL COORDINATOR

- Need Statement

By definition, developmental disability is a condition that originates before the individual reaches age 18 (age 22 under federal legislation) and can be expected to continue indefinitely. It constitutes a substantial handicapping condition--usually with some physical manifestations. Developmental disabilities include autism, cerebral palsy, epilepsy, mental retardation, and other neurologic handicapping conditions.

With the passage of the Lanterman Act (AB 225) in 1969, primary planning responsibilities for developmental disabilities services were shifted from the state to the county level. The number of persons with developmental disabilities ((DD) in San Francisco is estimated to be about 35,000. (Approximately 1 in every 10 San Franciscans has a developmentally disabled member in her or his family.) Within the city and county of San Francisco, nearly 70 agencies are providing this group of disabled citizens therapeutic and supportive services costing about \$20 million plus per year. Yet, significant numbers of individuals with DD most likely do not receive services for which they may be eligible. At least two factors seem to contribute to this phenomenon; a) appropriate services may be insufficient or non-existent, or b) relevant existing services are likely to be inaccessible or underutilized.

Health and medical problems among persons with low income and those newly arrived in the U.S. are often both serious and unattended. These families and other high risk populations account for a disproportionately high share of infant mortality, low birthweight, and developmental disabilities.

- Program Description

Developmentally disabled persons usually require both specialized services and also generic health and human services. An almost complete spectrum of such comprehensive services is provided by an array of agencies in the city. (Federal anti-discrimination regulations prohibit the denial of service to an individual because he/she is disabled.) State law requires locally that the Golden Gate Regional Center provide for servicing the needs of the DD residents.

The regional centers, together with the public schools, are usually the earliest intervention agencies that make contact with persons with mild and moderate disabilities. The more noticeable severe disabling conditions are more likely to be recognized by health and/or medical professionals or by professionals from other disciplines working with the family or the DD person.

The Developmental Disabilities Coordinator has responsibility for providing technical assistance and program support to these community agencies. The Coordinator also establishes professional coordination of program activities within the Department of Public Health. He acts as liaison on behalf of the Department in its developmental disabilities activities with state and federal governmental and volunteer agencies. Structurally, the position is established under the Bureau of Family Health. As a matter of priority, a significant portion of the Coordinator's time and resources are allocated to provide administrative and program support for the San Francisco Developmental Disabilities Council. The proportions of this arrangement may change as the committee structure within the DD Council develops.

The Developmental Disabilities Council is a non-profit corporation which was designated in 1976 by the San Francisco Board of Supervisors as the official planning body for developmental disabilities services in San Francisco. Its primary purpose is to assure individuals with developmental disabilities of opportunities to live a full life with complete access to community resources, to develop to their maximum potential, and to participate completely in the social and vocational mainstream of society. The Council is comprised of 1) volunteers from the general public, 2) professionals who serve developmentally disabled persons, 3) developmentally disabled persons themselves and their families.

- Service Priority Assessment

The DD Council, in collaboration with Area Board V and the Golden Gate Regional Center, conducted community assessments to determine what specific program services were needed. Agencies and organizations in the community were contacted to ascertain the community's awareness of DD. The Council felt a need to confirm the extent of mistaken images held about DD among generic organizations. Responses indicate that considerable familiarity existed among governmental bodies. However, many civic organizations which would be influential in gaining community support need considerable exposure to DD program interpretation.

During fiscal year 1987-88, an assessment of DD services and resources was monitored by the Coordinator. Questionnaires were mailed out to San Franciscans, consumers and providers. Members, officers and staff of disability and health and human services agencies were interviewed and surveyed. These and other ongoing fact finding techniques were employed to identify the service and community action needs of DD residents.

The findings of a management analysis team that were completed three years ago, were reviewed. The Council reaffirmed several of the objectives recommended by the consultants from the Management Center. As recommended, the Council divided its goals and objectives into three groups. Group A includes activities that could be met without requiring additional resources. Group B are those which were attainable with limited additional resources. Group C represents goals to which the Council is committed but which need appropriate resources and organization for implementation.

In essence, the surveys and questionnaires confirmed the need for 1) more outreach efforts among the advantaged, as well as the disadvantaged; 2) more community residential facilities; 3) increased interagency coordinated planning for childhood intervention, and 4) a more recognizable image of DD in the community.

PUBLIC HEALTH SERVICES
M) Other Public Health-Related Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Other Public Health Programs</u>			
Category: <u>Developmental Disabilities Coordinator</u>			
To assist and support the development of a coordinated plan for early childhood intervention services for developmentally disabled preschool children.	Partially accomplished	Meetings initiated by the Coordinator with CHDP and Golden Gate Regional Directors contributed to planning with other community agencies resulting in a grant proposal submitted to the State Dept. of Developmental Services by the newly organized Coordinating Council for High Risk.	To continue to assist and support the development of a coordinated plan for early childhood intervention services for developmentally disabled preschool children.
To assist DPH, Area Board V and Golden Gate Regional Center in developing a service needs assessment.	Accomplished	As the result of surveys, interviews and questionnaires, joint conduct, housing and behavior management given priority for granting Program Development funds in San Francisco.	To revise the needs assessment for services to DD consumers in 6 months. To seek proposals for five (5) projects in the 3 West Bay counties, particularly San Francisco. Start up and transition monies will be sought from the program development fund through Golden Gate Regional Center.
To develop outreach strategies to effect 15% increased community participation in the DD Council's meeting attendance and membership.	Accomplished	Board of Director's monthly meeting attendance averages 31 persons (a 65% increase) The annual meeting attendance was 102 person from all areas of the community, including business and the Board of Supervisors.	To increase objectives for FY 1987-88. Specific efforts will be made to initiate multicultural and translation services through community providers and volunteers consumer awareness group.

PUBLIC HEALTH SERVICES
M) Other Public Health-Related Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Other Public Health Programs</u>			
Category: <u>Developmental Disabilities Coordinator, Cont'd</u>			
To assist the DD Council and the Departmental administration to support community groups and city government to observe March as DD month and to jointly conduct workshops, rallies, exhibits, etc. to celebrate the occasion.	Partially accomplished	Insufficient time was allowed to carry out the necessary preparations.	To strive for the objectives set for FY 1987-88.

Plan Schedule A.1
Public Health Services Financial Data

JURISDICTION SAN FRANCISCO 38
FISCAL YEAR: 1988/89
DATE PREPARED: 9-30-88

Program/Service	Estimated Expenditure	Estimated Revenues	Estimated Net Co. Cost
a. Chronic Disease Control	1,935,097	85,386	1,849,711
b. Maternal and Child Health (Family Health)	3,929,076	300,825	3,628,251
c. California Children Svcs.	1,932,743	1,200,000	732,743
d. Dental Services	498,627	35,866	462,761
e. Environmental Health	5,803,734	3,916,298	1,887,436
f. Public Health Lab Services	1,492,416	166,600	1,325,816
g. Comm. Disease Cntrl & Epi.	6,654,799	846,511	5,808,288
h. Community Health Statistics	487,446	423,000	64,446
i. Hlth Svcs for Elderly	1,279,583	25,000	1,254,583
j. Emergency Medical Svcs.	771,597	8,000	763,597
k. Hlth Promotion & Education	829,880	0	829,880
l. Public Health Field Svcs.	1,909,835	314,952	1,594,883
m. Other Pub Hlth Related Svcs			
Aids Admin. Office	4,325,631	0	4,325,631
Workmen's Comp.	83,535	0	83,535
	0	0	0
	0	0	0
n. Admin & Other Support Svcs	1,104,780	0	1,104,780
TOTALS FOR PUBLIC HEALTH	33,038,779	7,322,438	25,716,341
FOR CONTRACT COUNTIES ONLY:			
o. Services and Supplies	0	0	0
p. Personnel	0	0	0
TOTALS FOR CONTRACT COUNTIES	0	0	0

BUDGET SCHEDULE 2 TOTALS

33,038,779	7,322,438	25,716,341
EXPENDITURES	REVENUES	NCC

AMT. TOTAL IS OVER/(UNDER)

0 0 0

Plan Schedule A.2

Public Health Services Checklist

For each service listed, please place a check mark in the appropriate column to indicate whether:

- (1) It will be continued in FY 1988-89
 (2) It is a new service for FY 1988-89
 (3) It will be discontinued in FY 1988-89
 (4) It has been discontinued in a previous fiscal year or has never been provided by your Jurisdiction.

Services	(1)	(2)	(3)	(4)	Services	(1)	(2)	(3)	(4)
A. Chronic Disease Control					E. Environmental Health Services				
Cancer	X				Accident Prevention	X			
Hypertension	X				Air Quality	X			
Glaucoma	X				Food	X			
Kidney Disease	X				Milk and Dairy Services	X			
Respiratory Diseases	X				Substance Control	X			
Diabetes	X				Product Safety	X			
Stroke	X				Pesticide Control	X			
Arthritis	X				Housing, Hotel, Motel, and Recreational Sanitation	X			
Heart Disease	X				Vector and Zoonotic Control	X			
Multiphasic Screening					Urban Rat Control	X			
Other (please specify)					Rabies Control	X			
					Animal Control	X			
					Occupational Safety	X			
					Noise Pollution Control	X			
					Radiation Control	X			
					Hazardous Waste Management	X			
					Public Water Safety	X			
					Water Pollution Control	X			
					Individual Water Supply	X			
					Individual Sewage Disposal Systems	X			
					Land Use Planning	X			
					Other (please specify)				
B. Maternal and Child Health					Solid Waste	X			
Maternal and Child Health Services	X				Laundry	X			
Maternal and Child Health Training	X				Hazardous Waste Education	X			
Childhood Lead-Based Paint Poisoning Control									
Childhood Immunization	X								
Sudden Infant Death Syndrome	X				F. Public Health Laboratory Services				
Genetic Disease	X				Clinical Laboratory	X			
Newborn Screening	X				Environmental Health Laboratory	X			
EPSDT (Title XIX)	X				Toxicology and Other Forensic	X			
Screening (CHOP)	X				Regional Laboratory	X			
Family Planning Service	X								
Perinatal Care	X				G. Communicable Disease Control				
Supplemental Nutrition (WIC)	X				Venereal Disease Control	X			
Other (please specify)					Tuberculosis Control	X			
School Health	X				Immunization	X			
Perinatal AIDS	X				Acquired Immune Deficiency Syndrome (AIDS)	X			
					Other (please specify)				
					Enteric Disease	X			
					Major Infectious Disease	X			
					Hepatitis B	X			
C. California (Crippled) Children's Services	X								
					H. Community Health Statistics				
D. Dental Health					Vital Statistics	X			
Dental Screening	X				Disease Registries	X			
Routine Dental Services	X				Other Statistics	X			
Periodontal Disease	X								
Fluoridation	X								
Other (please specify)									
Refugee Dental Program	X								

Public Health Services Checklist (Continued)

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PLAN SCHEDULE A.3

Fiscal Year 1988-89

PUBLIC HEALTH STAFFING

Jurisdiction San Francisco

Instructions: Report full-time equivalent (FTE) positions. If an individual's activities include more than one of the categories below, either divide the position between the categories on an FTE basis, or include it in the category which encompasses most of the individual's time.

	Chron Dis	MCH	CCS	Dent Hlth	Env Hlth	Lab Prog	Comm Dis	Hlth Stats	Service for the Elderly	FMS	Hlth Prom & Educ	PH Field Svcs	Other PH Svcs	Admin. & Other Support	TOTAL Pub. Hlth Positions
ADMINISTRATORS AND SUPPORT STAFF (Prq. Dirs., Managers, Analysts, etc.)	1	1		1	13	1	3	2	3	1		4	2	1	33
PHYSICIANS (Including the Public Health Officer)	3	1					7		3	1		19			34
PHYSICIAN ASSISTANTS															
PUBLIC HEALTH NURSES									2			70	6	6	84
NURSE PRACTITIONERS		1					1								2
OTHER REGISTERED NURSES	2						7			2			17		28
LICENSED VOCATIONAL NURSES															
HEALTH CARE AIDES	6		3				5		7			2	8		31
NUTRITIONISTS													2		2
COMMUNICABLE DISEASE INVESTIGATORS							20								20
HEALTH EDUCATORS					2		2		2		11				17
SOCIAL WORKERS									3				2		5
THERAPISTS (Including O.T., P.T., etc.)		10													10
DENTISTS & DENTAL HEALTH PERSONNEL				7											7
LAB STAFF (Excluding Clerical)						27									27
SANITARIANS					54										54
SANITARIAN AIDES															
OTHER ENVIRONMENTAL HEALTH STAFF (Excluding Clerical)					11										11
CLERICAL (Secretaries, Clerks, Receptionists, etc.)	2	4	2		9	2	15	11	3	2	1	29	1	4	85
OTHER PERSONNEL NOT COVERED ABOVE	4						8	2	2	1	1	10	4	5	37
TOTAL PUBLIC HEALTH SERVICES	18	17	5	8	89	30	68	15	25	7	13	134	42	16	487

Component C. Inpatient/Outpatient Services

OVERVIEW

The Department of Public Health provides inpatient and outpatient services at its two county hospitals, as well as various other locations throughout San Francisco. General acute inpatient hospital services at San Francisco General Hospital (SFGH) are available to the population at large, with particular focus on individuals living in the southern and eastern portions of the City and/or to patients with specific conditions such as medical emergencies, AIDS, and other high-risk situations. Laguna Honda Hospital (LHH) provides acute care primarily to its adult and geriatric skilled nursing facility patients. Outpatient services are provided at SFGH as well as at several community-based, satellite facilities. Skilled nursing and rehabilitation facility services are provided at LHH.

A variety of other services include ambulance services for medical emergencies and the Tom Waddell Clinic (formerly Central Aid Station), which provides urgent care for medical treatment and refers patients to definitive care facilities when necessary. The Clinic is now administered as part of Community Public Health Services rather than San Francisco General Hospital and is expanding its services to become a primary care site for inner-city residents, including homeless AIDS/ARC patients. Forensic services include jail medical and psychiatric services; medical, dental, and psychiatric services at Youth Guidance Center; sexual trauma services for victims of sexual assault; and medical care and crisis intervention for children who have been sexually abused. The Rose Resnick Center for the Blind and Handicapped provides transportation to low income, disabled clients in San Francisco.

1988-89 AB 8
Component C. Inpatient/Outpatient Services
Section a. General Acute Inpatient Hospital Services

GENERAL ACUTE INPATIENT SERVICES
SAN FRANCISCO GENERAL HOSPITAL

San Francisco General Hospital Medical Center (SFGHMC) is a 582 bed, licensed acute care facility located at 1001 Potrero Avenue, with 96% of its patient population from San Francisco. Services are primarily focused on providing care to the medically indigent, newly arrived immigrants, and high risk populations, including patients with AIDS.

Inpatient services at SFGH: Medical, Surgical, Pediatric, Obstetric/Gynecological, Psychiatric, Ancillary and Emergency.

Medicine and the Medical Specialties

- Need Statement

The demand for medical care arises from San Francisco residents with limited or no resources to pay for their treatment, from cardiac victims and other medical emergencies city-wide, and from people residing in areas close to SFGH.

- Program Description

General Medicine includes cardiology, clinical pharmacology, gastroenterology, general internal medicine, infectious disease, neurology, oncology (including the AIDS unit), pulmonary medicine, rheumatology and renal medicine. Care for patients in critical care units is generally provided by these services. Total 1987 patient days: 146,050.

Due to the nursing shortage, increase in inpatient acuity, high census, and limited funding, providing adequate levels of staffing in nursing has become one of the most important concerns of the hospital. Therefore, in an effort to relieve the current bed shortage and to curb expenses, plans have been made to open an oncology day center. This center will provide chemotherapy, blood transfusions, and I.V. antibiotics to those patients who are currently being hospitalized when in need of these services although their conditions are not so acute as to actually require hospital stays.

Surgery and the Surgical Specialties

- Need Statement

Demand for surgical services comes from a variety of sources: 1) trauma and burn victims from San Francisco and the Bay Area at large; 2) San Francisco residents who have no ability or a limited ability to pay for surgical services; and 3) residents of the southeastern portion of the City who use SFGH because of its convenient location.

- Program Description

Surgery includes extremity surgery, neurosurgery, ophthalmology, oral surgery, orthopedics, otolaryngology, plastic surgery, trauma surgery, and urology.

A full continuum of services is provided through intensive units, CORE (step down) units, and the general floor units.

Although the majority of surgical services are performed on an inpatient basis, there is also a growing volume of ambulatory surgery. This is illustrated by the fact that 1,642 surgical procedures were performed in the surgicenter in 1986-87. Since the increase in demand for ambulatory surgery is expected to continue, the hospital has made plans for the expansion of its surgicenter.

Pediatrics

- Need Statement

Demand for pediatric services comes from three sources: 1) families living in the vicinity of the hospital; 2) children who are victims of trauma and other emergencies occurring within San Francisco; and 3) children who are from families with limited financial resources, including new immigrants to the City. Because the patient population of SFGH is frequently from a modest economic and educational background, there are many high-risk pregnancies, leading to high utilization of the nursery.

- Program Description

Pediatric services include a newborn nursery and inpatient medical and surgical care to children up to 18 years old. Additionally, the Department provides consultation and referral services to four San Francisco neighborhood health centers and has developed a nutrition program for pediatric inpatients.

Obstetrics/Gynecology Services

- Need Statement

Women who do not receive adequate prenatal care often require more complex inpatient obstetrical services than those who do. Inpatient services are far more costly than preventive outpatient services. However, many pregnant women, especially adolescents and undocumented immigrants, do not seek prenatal care due to financial and other barriers. Consequently, intense obstetrical services are often necessary to protect the lives of the mother and the infant.

- Program Description

A wide range of services are provided by Obstetrics/Gynecology Services. Inpatient services include intrapartum care for normal and high-risk cases, labor room services, delivery room services, obstetrical anesthesia, post-partum care, family planning services, certified mid-wife providers, high-risk ante-partum care, and gynecologic-oncology services. Outpatient gynecological services include family planning services, Women's Health Center gynecological care, dysplasia, endocrine, fertility, abortion counseling and services, and sterilization services.

Family Practice Inpatient Service

- Need Statement

Community oriented primary care focuses on community sensitive comprehensive care on a continuing basis. When community clinic patients are hospitalized, their care benefits from close collaboration between the primary care practitioner and the inpatient team. From the time of admission through discharge planning, patient care is coordinated with the primary care site, and with other medical, surgical, gynecologic and mental health specialists, thus helping the patient and the primary care site to access hospital resources effectively and efficiently.

- Program Description

The Family Practice Inpatient Service provides 24-hour 7-day a week coverage for adult inpatients with medical and surgical conditions under the supervision of full-time attending physicians with the consultative assistance of all medical and surgical specialties as needed. A clinical pharmacist, behavioral specialist, social worker, and staff from nursing and other disciplines are involved, as appropriate, in planning and providing care.

Due to nursing shortages the service no longer operates principally on 4-C, which is closed, but has 15-20 patients per day on other medical and surgical units. Approximately two-thirds of patients are direct referrals from community clinics serving low-income, frequently uninsured patients.

Psychiatric Services

- Need Statement

Psychiatric inpatient services are needed for individuals who are a danger to themselves or others, or are unable to care for their basic needs such as food, shelter, and clothing. Many such psychiatric patients are hospitalized involuntarily and have poor social networks and/or toxicological conditions. They are difficult to treat and unlikely to be served in other mental health facilities. A need also exists to provide inpatient services to county jail inmates who require intensive psychiatric treatment, sometimes in conjunction with medical care.

Emergency evaluation, crisis intervention, and triage services are needed for individuals brought in by the police for unusual or violent behavior; those experiencing stress due to a sudden change in their lives; those in treatment elsewhere but experiencing an acute disturbance while their own therapist is unavailable; or those with concomitant psychiatric problems who are receiving medical treatment in the SFGH department or other inpatient departments.

- Program Description

Psychiatric Services include acute short-term psychiatric hospitalization, forensic psychiatric hospitalization for county jail inmates, and psychiatric emergency services. A consultation liaison service provides psychiatric consultation to primary care providers in the hospital's clinics and inpatient wards. The hospital also sponsors a city-wide case management program for psychiatric acute care residivists.

Other SFGH programs include an infant/parent program, a maintenance methadone program, a detoxification methadone program, a Latin and Asian/Pacific Islander focused program, and an AIDS focused program. The hospital also sponsors a Black task force, a gay and lesbian task force, and a women's task force.

At this time, the City of San Francisco does not have a mental health skilled nursing care center for the provision of long term psychiatric care. The absence of this type of service leaves a large gap in the continuum of the psychiatric care currently provided and contributes to the escalating costs incurred by the mental health system. In order to address these concerns, the hospital has developed a plan for a subacute psychiatric care facility on its campus.

Emergency Department

- Need Statement

SFGH's Emergency Department is the county's primary facility for major traumas and mass casualties, since it is the only hospital with 24-hour provider capability in all major medical and surgical sub-specialties. It serves local county residents for emergent, urgent, and non-urgent medical care; all patients who cannot afford care elsewhere; and major trauma and medical emergency patients transported by the Paramedic Division and private ambulance providers.

- Program Description

The Emergency Department of SFGH provides resuscitation and stabilization for major medical and trauma patients; evaluation and treatment of emergent, urgent, and non-urgent medical and surgical problems; and prehospital evaluation and management via radio telemetry of all paramedic care provided in San Francisco. As the major entryway to SFGH, the Emergency Department saw over 83,000 patients last year and provide more than 58% of all admissions to the hospital. More than 1800 telemetry calls were received monthly.

The Emergency Department houses three resuscitation rooms, four suture rooms, an infected case room, an acute medical ward, a six-hour observation ward, an ortho room, and a medical ambulatory care area with 12 patient care rooms for nonacute adult care 16 hours daily, and pediatric care 8 hours daily. The Department houses Medical Social Services and a Stat Laboratory for emergency patients. In addition, a comprehensive Radiology Department and the Bay Area Regional Poison Control Center are immediately adjacent to the Emergency Department, providing 24-hour consultation capability. The Department provides training for its Mobile Intensive Care nurses as well as Medical and Surgical Residents.

The telemetry runs average 1800 per month, opposed to the 800 originally planned, creating severe staffing problems. A single coordinator and a assistant are responsible for 215 Paramedics making 1800 calls per month, compared to other counties where a coordinator would be responsible for 30 Paramedics making 200 calls per month. Consequently, the work load in the Emergency Department is continuing to increase. In addition, there is a shortage of nurses with emergency room training and the potential for funding additional nursing positions is very limited.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

<u>FY 1987-88</u> <u>Program Objectives</u>	<u>Level of</u> <u>Accomplishment</u>	<u>Explanation</u>	<u>FY 1988-89</u> <u>Program Objectives</u>
<u>Program: General Acute Inpatient Hospital Services</u>			
<u>Category: Medicine and Medical Specialties, Surgical and Trauma</u>			
To continue to meet the demand for services in Medicine and Medical Specialties, surgical and trauma.	93% critical care 89% medical/surgery	Diversion prevented meeting this goal 100%	To continue to meet the demand for services in Medicine and Medical Specialties, surgical and trauma.
			To continue to be national leaders in caring for AIDS patients.
			To provide relief to the current bed crunch and to curb expenses by opening an oncology day center.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1987-88	Level of	FY 1988-89
Program Objectives	Accomplishment	Program Objectives
Program: <u>General Acute Inpatient Hospital Services</u>		
Category: <u>Surgery and Surgical Specialties</u>		
To continue to meet the demand for services in Surgery and Surgical Services.	Accomplished	To continue to meet the demand for services in Surgery and Surgical Services.
To increase our capacity to provide come-and-go surgery by 10%.	Accomplished	To meet the projected increase in demand for ambulatory surgery by completing the expansion plans for the surgicenter.
Category: <u>Pediatrics</u>		
To continue to meet the demand for pediatric services.	Accomplished	To continue to meet the demand for pediatric services.
Category: <u>Obstetrics and Gynecology</u>		
To continue to provide a wide range of birthing alternatives and assistance in birth to all pregnant women through a unique multi-ethnic sensitivity focus and full range of birth assistants; 30% of all births by Certified Nurse Midwives; 1,500 births annually.	Accomplished	2,100 births in 1986-87.
To maintain the high quality of a full scope of services, and improve capabilities in the spectrum of perinatal care to reduce maternal and infant morbidity and mortality; 1,500 live births per year.	Accomplished	To maintain the high quality of a full scope of services and improve capabilities in the spectrum of perinatal care to reduce maternal and infant morbidity and mortality.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: General Acute Inpatient Hospital Services			
Category: <u>Obstetrics and Gynecology</u>			
To maintain the high quality of a full scope of services, and improve capabilities in the spectrum of perinatal care to reduce maternal and infant morbidity and mortality; 1,500 live births per year.	Accomplished	2,100 births in 1986-87.	To maintain the high quality of a full scope of services and improve capabilities in the spectrum of perinatal care to reduce maternal and infant morbidity and mortality.
To maintain advocacy efforts within the Department of Public Health for preventive, multi-faceted perinatal care, including early case finding and access to and availability of that care and nutritional and health education counseling.	Accomplished		To meet the projected increase in demand for services with the high quality of care currently provided.
Category: <u>Psychiatric Services</u>			To maintain advocacy efforts within the Department of Public Health for preventive, multi-faceted perinatal care, including early case finding and access to an availability of that care and nutritional and health education counseling.
To maintain the average length of stay for psychiatric inpatient units at a median of 15 days for those not sent to Napa or an L-facility.	Accomplished and Exceeded.	Median length of stay was 9 days.	To maintain the average length of stay for psychiatric inpatient units at a median of 15 days for those not sent to Napa or an L-facility.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>General Acute Inpatient Hospital Services</u>			
Category: <u>Psychiatric Services</u>			
To document and bill Medi-Cal administrative days or Short Doyle administrative days for 95% of the patients decertified for placement reasons.	Accomplished and Exceeded.	98.2% of patients with documentation.	To document and bill Medi-Cal Administrative days for 95% of the patients decertified for placement reasons.
To have less than 5% of the total hospital days be decertified for reimbursement due to non-placement reasons.	Accomplished		To have less than 5% of the total hospital hospital days be decertified for reimbursement due to non-placement reasons.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>General Acute Inpatient Hospital Services</u>			
Category: <u>Psychiatric Services - Community Inpatient Units</u>			
To maintain or reduce the percentage of patients sent to Napa State Hospital.	Not measured.	These objectives proved to be unrealistic because they cannot be controlled due to the lack of available placement alternatives.	To meet productivity standards (nursing ratios) established for acute psychiatric patients.
Reduce non-certified days to below 10% of the total days provided.			
Reduce the number of hospital days used by patients referred to case management. The average for 1981-82 was 29.1 days.			

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
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Program: General Acute Inpatient Hospital Services

Category: Forensic Inpatient Services - Psychiatric Emergency Services

Forensic Inpatient Services

To maintain the number of patient sent to Napa State Hospital at or below the current rate.
To maintain the percentage of non-certified days at or below the current level.

Not measured

These objectives proved to be unrealistic because they cannot be controlled due to the lack of available placement alternatives.

The program objectives have been incorporated with those of the inpatient units.

Psychiatric Emergency Services

To maintain the percentage of patients referred for hospitalization at or below 25%. The increase is reflective of the procedural change from the PES holding bed status to brief hospitalization.

Not accomplished

This objective proved to be unrealistic due to an increase in acuity.

The program's objectives have been incorporated with those of the inpatient units.

To maintain the 50% clinician time spend in face-to-face patient contact.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>General Acute Inpatient Hospital Services</u>			
Category: <u>Psychiatric Services - Infant-Parent Program</u>			
To maintain the hospitali- zation rate for failure-to- thrive children below 12%.	Accomplished.		To maintain the hospitalization rate for failure-to-thrive children below 12%
To maintain the percentage of clinician time at least at 50% direct face-to-face client contact.	Accomplished.		To maintain the percentage of clinician time at least at 50% direct face-to-face client contact.
			To continue to provide consultation to the Department of Social Services and the Counts.
			To continue to provide support to families having problems with child neglect and/or abuse.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
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Program: General Acute Inpatient Hospital Services

Category: Family Practice Inpatient Service

Continue to meet needs of low income population served by SFGH with emphasis on community clinic populations.

Continue to meet needs of low income population served by SFGH with emphasis on community clinic populations.

Reopen 4-C unit when hospital nursing staff is at proper level.

Reopen 4-C unit when hospital nursing staff is at proper level.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>General Acute Inpatient Hospital Services</u>			
Category: <u>Emergency Department</u>			
Maintain current level of Service.	Accomplished and exceeded	Over 83,000 patient visits.	Maintain current level of service.
Revise Emergency Department charge system for services.	Partially accomplished.	A fee for service billing system was implemented in early, 1987.	To implement additional changes in the billing system by December, 1987.
Explore issue of participation in helicopter transport services.	Not accomplished	Will be reconsidered in light of Hospital program priorities for 1987-88	Explore issue of participation in helicopter transport services

1988-89 AB 8
Component C. Inpatient/Outpatient Services
Section a. General Acute Inpatient Hospital Services

GENERAL ACUTE INPATIENT SERVICES
LAGUNA HONDA HOSPITAL & REHABILITATION CENTER

- Need Statement

The Acute Medical Surgical ward at Laguna Honda Hospital primarily serves the Hospital's SNF patients who have episodes of acute illness. Maintaining the Acute Ward promotes continuity of care by sparing patients the trauma associated with transfer to another facility and eventual readmission to Laguna Honda. There is a shortage of acute hospital beds within the Department of Health to serve the poor and indigent population of San Francisco. For example, San Francisco General Hospital Medical Center must frequently close its Emergency Room, thus diverting patients to other hospitals in the city. As Laguna Honda has recently become better able to expand its ability to care for its own more acutely ill patients (making for fewer transfers to SFGHMC), more beds will become available at SFGHMC for trauma victims and others requiring sophisticated and intensive care. In addition, Laguna Honda is now able to accept patients directly from the SFGHMC Emergency Room as well as from community agencies serving the elderly, such as the North of Market Multipurpose Senior Center.

- Program Description

Laguna Honda Hospital & Rehabilitation Center maintains an Acute Medical-Surgical Ward for adult and geriatric patients. The Acute Medical Surgical Ward has 33 beds of which 18 are now staffed. During the last year, patient days for the Acute Medical Ward totalled 2,524. All acute care services can be provided except those which require general surgery, anesthesiology, or other acute medical specialties not offered at LHH. Referrals are generally made to SFGHMC, which provides almost all specialty services not provided at LHH.

INPATIENT/OUTPATIENT SERVICES
a) General Acute Inpatient Hospital Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>General Acute Inpatient Hospital Services</u>			
Category: <u>Laguna Honda Hospital & Rehabilitation Center</u>			
To expand the number of staffed acute care beds from 14 to 26 along with augmented ancillary staffing.	Partially Accomplished	Staffed acute beds have been expanded to 18; further expansion is on hold.	To assess need for further expansion.
To increase the number of patient days in FY 87-88 over FY 86-87 (1,810).	Accomplished	2,524 patient days.	
To increase the number of acute care physicians in the facility in order to expand the types of medical problems which can be managed without transferring patients elsewhere.	Accomplished	Limited number of patients are now being admitted directly from the community.	To increase the number of patients being directly admitted from the community.
To explore the possibility of admitting elderly patients to the acute unit directly from community agencies providing geriatric care.	Accomplished	To admit limited numbers of patients directly from SFGHMC Emergency Room.	

1988-89 AB 8
Component C. Inpatient/Outpatient Services
Section b. Outpatient Services

OUTPATIENT SERVICES
SAN FRANCISCO GENERAL HOSPITAL (SFGH)

- Need Statement

The outpatient programs at SFGH primarily serve patients who live in the vicinity of the hospital or its satellite clinics, those who have limited financial resources, and those who are referred for follow-up care after an emergency room visit or inpatient stay. In addition, outpatient services provide special programs to particular segments of the population such as refugees, municipal workers, and AIDS patients.

- Program Description

Outpatient services at SFGH are organized under the Division of Outpatient and Community Services (DOCS), which operates 11 major clinic health centers. Seven of these clinic health centers are hospital based (Adult Medicine Center, two Adult Surgical Centers, Women's Health Center, Children's Health Center, Family Health Center, and the AIDS Center); three are community-based (South of Market Health Center, Caleb G. Clark Potrero Hill Center, and the Southeast Health Center). The Dental Center provides services both at the hospital and at the satellite clinics. Over 100 clinics, special projects, and programs are managed within these 11 centers.

1. Hospital-based Clinics and Programs

- a. The Adult Medical Center is located on the first and third floors, in the outpatient section of the new San Francisco General Hospital Medical Center building. The center offers a variety of clinic services to adults including medical screening, primary care (General Medicine Clinic), and medical specialty services (Chest, Diabetes, Diabetes Foot Education, Endocrinology, Gastrointestinal, Hematology, Hypertension Evaluation, Parasitology, Infectious Disease, Renal, Rheumatology, Occupational Health, Cardiac and Dermatology). In addition, the Adult Medical Center also administers the Center for Municipal Occupational Safety and Health, which provides preemployment and annual physical examinations for Hospital employees and, by contract, for the Municipal Railways Department, Fire Department, and Civil Service Commission. There were 45,446 patient visits to this center in calendar year 1987.
- b. The Adult Surgical Centers are located on the third and fourth floors, in the outpatient section of the new San Francisco General Hospital Medical Center building. The Third Floor Adult Surgical Center offers general surgery services and surgical specialty services (Vascular, Proctology, Plastic, and Trauma), general orthopedic clinic services and orthopedic specialties (Sports Medicine, Hand, Podiatry, Pediatric Orthopedic and Spine), and urological services. There were 38,710 patient visits to this floor in calendar year 1987. The Fourth Floor Adult Surgical Center offers medical and surgical services through the Neurology and Neurosurgery clinics, the Otolaryngology clinic, the Optometry and Ophthalmology clinics, and the Audiology service. There were 19,156 patient visits to this floor in calendar year 1987. Medicine refill services are also available for patients of the Neurology and Neurosurgery clinics.

- c. The Women's Health Center is located on the fifth floor in the outpatient section of the new San Francisco General Hospital Medical Center building. The clinics offered in this Center are Gynecology, Obstetrics, Dysplasia and Infertility. Prenatal education and exercise programs and a special teen obstetrics program are also available. Extensive family planning services, including therapeutic abortions, tubal ligations, vasectomies, and counseling services are provided in the Family Planning Clinic. There were 22,818 patient visits to this center in calendar year 1987.
- d. The Children's Health Center is located on the sixth floor in the outpatient section of the new San Francisco General Hospital Medical Center building. Available through this center are emergency, general and specialty (Allergy, Dermatology, Cardiac, Neurology, Hematology, Renal, Urology and Multispecialty) pediatric services. A range of medical, psychiatric and medical social services is available to children eleven to nineteen years of age through the Adolescent Health Program and to sexually abused children and adolescents through the Child and Adolescent Sexual Abuse Resource Center. The Learning Assessment Center, supported primarily by the San Francisco Unified School District, offers testing and assessment services to children identified as having learning difficulties. The services include medical, psychological, social, speech and language, and learning disciplines. There were 42,904 patient visits to this center in calendar year 1987.
- e. The Family Health Center is located on the first and fifth floors of Building 80 of the San Francisco General Hospital Medical Center. The Family Health Center provides comprehensive primary care services to families, including infants, children, teenagers, adults and elders. Each family is assigned to a provider and becomes a member of a group practice which offers, in addition to the services of their family doctors and family nurse practitioners, prenatal care, well baby cluster visits, nutritional assessment and education, family therapy, social services, podiatry and health education. The Family Health Center also serves as the training clinic for the Family Practice Program and sponsors the Refugee Clinic. The Refugee Clinic is specially focused to non-English speaking refugees and maintains a staff with language capabilities in Vietnamese, Lao, Cambodian, Mien, Chinese, Ethiopian, Polish, Czech and Afghan. There were 32,301 patient visits to this center in calendar year 1987.
- f. The AIDS/Oncology Center is located on the sixth floor of Building 80 of San Francisco General Hospital. The AIDS/Oncology Center specializes in caring for adults with AIDS or with AIDS related conditions and Oncology (cancer) patients. Comprehensive medical and psycho-social support is provided by a multidisciplinary team that includes physicians, registered nurses, nurse practitioners, clinical pharmacists, medical and psychiatric social workers and Shanti counselors. Chemotherapy and transfusion services are available on an outpatient basis through the AIDS/Oncology Center. There were 20,622 patient visits to this center in calendar year 1987.

2. Community-based Programs

- a. The South of Market Health Center provides family-oriented primary care services, including podiatry and general dentistry, to residents of the South of Market area. The Center provides care five days and two evenings per week and is staffed by physicians, registered nurses, clinical pharmacists, medical social worker, nutritionist, and family health worker. In calendar year 1986 there were 4,491 visits for dental care and 18,856 visits for medical care. Any services which cannot be performed at the Center are provided at San Francisco General. These include some laboratory studies, X-Rays, specialty service consultations and inpatient care. Patients are seen at this center via the appointment and drop-in system.
- b. The Caleb G. Clark Potrero Hill Health Center provides a full range of primary, comprehensive health and dental care to its patients, especially residents of the Potrero Hill area. The Center offers its services five days and one evening per week and has backup support services from San Francisco General Hospital. Its staff consists of physicians, nurse practitioners, registered nurses, clinical pharmacists, medical social workers, nutritionist and health workers. In calendar year 1986, there were 3,877 visits for dental care and 7,850 visits for medical care.
- c. The Southeast Health Center offers comprehensive health and dental care to its patients, especially to those who reside in the Bayview Hunter's Point area. The Center provides care five days and two evenings per week and is staffed by a range of providers including physicians, nurse practitioners, registered nurses, health educators, and nutritionist. In calendar year 1986 there were 2,180 visits for dental care and 14,361 visits for medical care.

3. Dental Center

The Dental Center provides a comprehensive range of primary, secondary, and tertiary dental services at four locations: the South of Market Health Center, the Potrero Hill Health Center, the Southeast Health Center and San Francisco General Hospital through the General Dentistry and Oral Surgery Clinics. A total of 26 dental chairs are available in these locations to serve ambulatory patients and for non-ambulatory inpatients at the Hospital. The staff consists of dentists, oral surgeons, dental assistants, dental hygienists and registered nurses. There were 10,938 visits to the dental clinics in calendar year 1986.

4. Patient Referral and Assistance

The Patient Referral and Assistance Unit's primary goal is to assure the accessibility of appropriate health care services to patients utilizing the outpatient clinics of San Francisco General Hospital. The Unit is staffed by two Registered Nurses, a Medical Social Worker and two Health Workers, and documents over 25,000 patient encounters a year. The Patient Referral and Assistance Unit provides triage/assessment and referral services to new

patients and patients with new concerns, provides information regarding health care and usage of the Outpatient clinic system, and provides assistance to patients who are having difficulties with the clinic system mechanics. The Unit's staff serves on and actively participates in committees concerned with quality assurance, patient grievance, discharge planning, health care evaluation and program development. The Unit also provides orientation services regarding outpatient services to new Hospital staff and patients.

5. Robert N. Ross Patient Education Resources Center

The Patient Education Resource Center (PERC) is a clearinghouse for a collection of over 600 easy to understand patient education handouts and audiovisual presentations. The Resource Center has been designed to increase access to high quality language and culture specific health education materials for the multi-ethnic and multi-cultural patients of San Francisco General Hospital. Assistance and consultation on issues of health education policy and practices as well as support in the development of new education materials is also available through the Patient Education Resource Center.

6. Quality Assurance Program

The Division of Outpatient and Community Services Quality Assurance Program and staff are responsible for improving existing methods of service and detecting and preventing patient care problems through review and evaluation mechanisms. Clinical aspects (competence; performance; compliance with standards, rules, regulations, policy and procedures) as well as operations aspects (follow-up of missed appointments; abnormal laboratory and X-Ray results; patient access; and availability of medical records) are addressed and monitored through the Quality Assurance Program by the medical staff, ancillary services and Outpatient Administration. In addition, baseline information on patient care services provided in each of the Centers is collected and maintained to provide complete information about the full scope of clinic services which is utilized to manage clinic operations.

INPATIENT/OUTPATIENT SERVICES
b) Outpatient Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Category: <u>Outpatient Services</u>			
To continue to provide outpatient services in hospital and community-based centers.	Accomplished		To continue to provide outpatient services in hospital and community-based centers.

SKILLED NURSING FACILITY (SNF) SERVICES
LAGUNA HONDA HOSPITAL & REHABILITATION CENTER

- Need Statement

A shortage of SNF beds continues to be a problem in San Francisco, resulting in individuals either failing to receive services or not receiving those most appropriate to their specific needs. Many remain in acute care hospitals longer than necessary or in SNF facilities far from San Francisco. The waiting list for LHH continues to be long, with most of those on the list being Medi-Cal patients with heavy or moderate nursing care needs. Admissions to LHH of patients who require intensive nursing services continue to increase.

LHH is the primary source of SNF care in San Francisco for heavy-care patients on Medi-Cal. The care given by Laguna Honda to SNF patients has greatly shifted to heavy-care in recent years, and will continue to do so. In addition, a small percentage of LHH SNF patients are Medically Indigent Adults (MIAs) for whom the County of San Francisco has assumed administrative and financial responsibility.

- Program Description

Laguna Honda provides SNF services to chronically ill patients needing recuperative, restorative and supportive care, plus a full range of on-site ancillary services. Ancillary services include physical, occupational and speech therapies, radiology, pharmacy, social services and dentistry. Laboratory testing for LHH patients is provided by SFGHMC. Other services such as podiatry and optometry are available on-site by contract. A wide range of activities and social programs are provided for patients by the Activity Therapy department with the assistance of the LHH's Volunteer, Inc. program. A library, greenhouse and animal park is maintained in attractive settings. An interfaith pastoral care program coordinates the activities of over thirty local groups, primarily using LHH's chapel to meet the patients' spiritual needs. In addition to these activities, the FreeWheelers, Inc., a non-profit organization home-based at LHH, took residents for over 100 bus trips last year. The Pleasure Endeavors, Project Inc., a non-profit organization, conducts creative arts programs and exhibits of patient art. The nursing staff, over and above their routine services, takes selected residents on unique trips several times a year.

INPATIENT/OUTPATIENT SERVICES

c) Skilled Nursing Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Skilled Nursing Facility Services</u>			
Category: <u>Laguna Honda Hospital & Rehabilitation Center</u>			
To admit about 750 new patients for SNF care.	Partially accomplished	679 patients admitted.	To admit a similar number of new patients for SNF care.
To discharge about 250 successfully rehabilitated patients back to the community.	Accomplished	247 patients discharged.	To discharge a similar number of successfully rehabilitated patients back into the community.
To expand our respite care services.	Accomplished	2 more beds now designated; a new brochure was written and distributed.	To expand our respite care services beyond 70 admissions/year.
To maintain a similar number of patient days as in previous years (383,391)	Accomplished	386,675 patient days.	To maintain a similar number of patient days.
To complete the reorganization of the pharmacy department; and to recruit, hire and train a new Pharmacy Director.	Partially accomplished	Recruitment is under way to hire a new Pharmacy Director.	To explore having some services provided by UCSF School of Pharmacy staff and students.
To complete the reorganization of the medical records department; and, to recruit, hire and train a new Medical Records Director.	Partially accomplished	Reorganization continues under the new Medical Records Director.	To complete the reorganization of the medical records department; and, to recruit, hire and train a permanent Medical Records Director.

INPATIENT/OUTPATIENT SERVICES
c) Skilled Nursing Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Skilled Nursing Facility Services</u>			
Category: <u>Laguna Honda Hospital & Rehabilitation Center</u>			
To continue to find ways to enhance the environment, both indoors and outside.	Accomplished	New flower beds, furniture, plants and beds are in place.	To continue to find ways to enhance the environment, both indoors and outside.
To assess the effectiveness of the hospital's Quality Assurance program.	Partially accomplished	Departmental QA plan reviewed, revision guidelines distributed; ongoing process.	To recruit, hire and train a full-time QA Coordinator.
To continue the suggestion box program for employees, visitors and volunteers.	Accomplished	Suggestions/responses are posted/distributed bimonthly.	To continue the suggestion box program for employees, visitors and volunteers.
To adopt a long-range plan through the efforts of the Blue Ribbon Committee.	In process	Report issued being studied by Health Commission.	To adopt a Master Plan for LHH.
To construct and utilize six isolation rooms.	In process	Delayed due to OSHPD approval processing.	To complete construction and utilize six isolation rooms.
To install 15 specially-designed toilets to improve handicapped accessibility.	Accomplished		
To install eight Hydro-tubs.	Not completed	Delayed due to OSHPD approval processing.	To install eighteen Hydro-tubs.
To further increase LHH's in-service education program.	Accomplished		
To recruit and permanently hire a new Executive Administrator.	Accomplished		

INPATIENT/OUTPATIENT SERVICES

c) Skilled Nursing Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Skilled Nursing Facility Services</u>			
Category: <u>Laguna Honda Hospital & Rehabilitation Center</u>			
To complete pharmacy system automation.	In process	Delayed due to unavailability of MIS person on pregnancy leave; awaiting confirmation and approval of consultant contract.	To complete pharmacy system automation.
To implement a new automated dietary system.	Accomplished		
To construct, furnish, staff and occupy the redesigned model ward.	In process	Delayed due to OSHPD approval process.	To construct, furnish, staff and occupy the redesigned model ward.
To explore the possibility of developing academic teaching programs in geriatric medicine, nursing and other services.	Accomplished	Contact made with UCSFMC Schools of Medicine, Nursing Dentistry and Pharmacy.	To develop affiliation agreement with UCSFMC and institute some rotations of students and residents at LHH.
To institute monthly Geriatric Grand Rounds at LHH and invite community geriatric providers to participate.	Accomplished	This now occurs the fourth Thursday each month.	To increase from one to two the number of all-day Saturday Geriatric Special Grand Rounds.
To improve the continuity of care by augmentation and appropriate scheduling of medical staff.	Accomplished		
To augment mental health services by recruiting and hiring a full-time psychiatrist.	Accomplished		To further augment mental health services by recruiting/hiring a full-time neuro-psychologist, clin. nurse specialist & a second psychiatrist.
To explore the need for a geropsychiatric ward at LHH.	Delayed	Pending hiring of the second psychiatrist, needs assessment will begin.	To explore the need for a geropsychiatric ward at LHH.

INPATIENT/OUTPATIENT SERVICES
c) Skilled Nursing Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Skilled Nursing Facility Services</u>			
Category: <u>Laguna Honda Hospital & Rehabilitation Center</u>			
To explore the possibility of starting a hospice program.	Accomplished	Steering Committee formed; support funds raised; location assigned with renovation in progress; coordinator hired.	To open "hospice" unit (special services unit for terminally-ill patients) and to implement services both there and throughout LHH with an average daily caseload of 15.
			To sponsor inservice programs and professional training on hospice-related issues (eg. pain management, bereavement and grief).
			To assure continuation of hospice at LHH by creating, budgeting and permanent hiring of the coordinator plus allocating staff resources to allow specialization in hospice care.
			To implement the use of a "Patient Life Support and Treatment Decisions Checklist" for hospice patients.
To institute a hospital-wide infection control training program based on "Body Substances Isolation."	Accomplished	Hospital-wide inservice began 1/88; nurse educator on contract to provide departmental review sessions; BSI video part of Employee Orientation.	To maintain Cal-OSHA compliance as was found during review inspection 7/88.
			To decrease average length of stay on SNF rehabilitation ward.

INPATIENT/OUTPATIENT SERVICES

c) Skilled Nursing Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Skilled Nursing Facility Services</u>			
Category: <u>Laguna Honda Hospital & Rehabilitation Center</u>			
To recruit, hire and train a full-time Quality Assurance and Infection Control Coordinator	In process		To recruit, hire and train a full-time Quality Assurance and Infection Control Coordinator.
To expand the role of the hospital's Employee Health Svcs.	Accomplished	TB screening and treatment and Hepatitis B vaccine programs implemented.	To expand educational role of employee health service; to begin smoking cessation programs for employees.
To decrease the use of non-Medi-Cal approved medications.	In process	Formal methodology not yet established by Pharmacy and Therapeutics Committee.	To decrease the use of non-Medi-Cal approved medications.
To evaluate the need for new Radiology Department equipment and space in order to improve patient care and decrease transfers to SFGHMC for radiology procedures.	Accomplished	Arrangements to be made for equipment upgrades and maintenance. Teleradiology unit installed enables LHH to obtain 24-hr. radiology consultation from SFGHMC.	
To provide 30 nursing wards with on-line access to the Patient Information data-base with the installation of new equipment.	Partially accomplished	Database on-line; new equipment delayed due to lack of available electricians.	To provide 30 nursing wards with on-line access to the Patient Information data-base by installing new equipment.
To seek a grant to enable the hospital to rehabilitate and revitalize the greenhouse and animal park.	Accomplished	Grant obtained, remodeling begun.	To complete the rehabilitation and revitalization of the greenhouse and animal park.

INPATIENT/OUTPATIENT SERVICES

- c) Skilled Nursing Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Skilled Nursing Facility Services</u>			
Category: <u>Laguna Honda Hospital & Rehabilitation Center</u>			
			To begin development of a risk management program.
			To complete a pre-accreditation JCAHO survey prior to formal survey in FY89-90.
			To develop and implement an automated physician credentialling system.
			To design and implement an automated contract development system in cooperation with the DPH Office of Contracts Management.
			To expand the Bioethics Committee functions to include information sharing and case consultation.
			To complete implementation of automated work order tracking and the preventive maintenance systems for plant operations.
			To begin recruitment for the permanent hiring of an Associate Administrator.

REHABILITATION SERVICES
LAGUNA HONDA HOSPITAL & REHABILITATION CENTER

- Need Statement

A Department of Health assessment identified the need for an increased emphasis on rehabilitation for patients served by LHH & SFGHMC, in order to restore each patient to the highest possible level of functioning and to increase the chances of early discharge back into the community. Rehabilitation services at LHH provide the opportunity for the restoration of the potential of persons who are not likely to obtain such services elsewhere, including low income persons, indigents and undocumented immigrants.

- Program Description

The Rehabilitation Facility at LHH provides services to the SFGHMC patient population, as well as LHH's SNF patients; 1,842 days of patient care were provided. Services include rehabilitative medical and nursing care, physical, occupational and speech therapies, special dietary treatment and supportive social services. The facility is also licensed as an Outpatient Medi-Cal Rehabilitation Unit, which primarily provides physical, occupational and speech therapies, as well as supportive social services to individuals discharged from the inpatient rehabilitation center. Overall, the rehabilitation services division emphasizes giving care to patients who have had head trauma, spinal cord injury, stroke or amputation.

INPATIENT/OUTPATIENT SERVICES
e) Rehabilitation Facility Services - Laguna Honda Hospital
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Rehabilitation Facility Services</u>			
Category: <u>Laguna Honda Hospital & Rehabilitation Center</u>			
To provide SFGH with acute rehabilitation services, when those do not require general surgery or other acute medical specialties currently not offered at LHH.	Accomplished		
To offer high quality acute rehabilitation care for the elderly and indigent population of San Francisco.	Accomplished		
To offer acute rehabilitation services when needed for our inpatient population.	Accomplished		
To discharge at least 50% of patients referred for acute rehabilitation to the community.	Accomplished	63% of discharge patients returned to the community.	To increase the number of patients discharged to the community.
			To offer increased rehabilitation services when needed for our SNF patients by increasing # of rehab assessments.

AMBULANCE SERVICES

- Need Statement

Department of Public Health (DPH) ambulances are dispatched to approximately 50,000 requests for medical assistance per year. In addition, the communications center responds to approximately 370,000 calls per year for general and medical information. The entire population is at risk with regard to traumatic emergencies, a leading cause of hospitalization and death in the nation today, particularly among young persons. Also, San Francisco's disproportionately large elderly population creates a need to respond to the medical emergencies characteristic of older persons. The DPH ambulance service also provides coverage at municipally sponsored or sanctioned events where large numbers of participants are expected to gather. The service responds to multiple alarm fires and emergencies involving public transportation.

- Program Description

The ambulance fleet consists of 14 vehicles and one multi-casualty (non-transport) vehicle. The ambulance service provides prehospital care, including Advanced Life Support, to victims of traumatic and medical emergencies, and prompt transport to definitive health care facilities. Service is available 24 hours per day and is provided without regard to an individual's ability to pay.

The department consists of an all para-medic staff. In addition, a physician advisor provides consultation and medical direction to the division.

The condition and maintenance of the fleet has been recently upgraded and the dispatch function has been computerized. Monthly surveys of Code 3 response times are conducted and the average has stabilized in the range of 6 - 6.5 minutes.

INPATIENT/OUTPATIENT SERVICES
f) Ambulance Services
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
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Category: Ambulance Services

To maintain at current level of 50,000 the delivery of pre-hospital care and transport of ill and injured persons.

Accomplished

To maintain at current level of 50,000 the delivery of pre-hospital care and transport of ill and injured persons.

To maintain the delivery of primary care to patients at the rate of 25,000.

Accomplished.

To respond to 90% of Code 3 emergency calls in 6 minutes or less

Almost fully accomplished

Average Code 3 response times have stabilized in the range of 6-6.5 minutes.

To respond to 90% of Code 3 emergency call in 6 minutes or less

To substantially improve the revenue picture.

To evaluate the use of lower level staff.

1988-89 AB 8
Component C. Inpatient/Outpatient Services
Section g. Other Inpatient and Outpatient Related Services

TOM WADDELL CLINIC
(Formerly Central Aid Station)

- Need Statement

The Tom Waddell Clinic (Formerly Central Aid Station) is a 16 hour per day urgent care facility, serving approximately 30,000 patients per year. The clinic provides urgent care and medical treatment and refers patients to definitive care facilities when necessary. Currently, the Waddell Clinic is staffed by doctors, registered nurses and social workers. The Clinic's upcoming merger with the Health Care For The Homeless Program will provide nurse practitioners, additional social workers and mental health workers.

The Waddell Clinic is administered as part of Community Public Health Services. Most physicians and all nurses are Advanced Cardiac Life Support Certified.

- Program Needs Statement

Historically, The Waddell Clinic has served the lower income and homeless people of The Tenderloin, South of Market and Civic Center Area. Approximately 60% of its current clinic population are homeless, and the remaining 40% are low income. The medical and nursing staff estimate that one-third of the patients now use, or have used, IV drugs (6,000) and at least one-half abuse alcohol. With the growing number of homeless people in San Francisco, The Clinic will expand its role of providing quality care to this group through its merger with the Health Care for the Homeless Program. Additionally, the Clinic is in receipt of substantial grant funding through the Stuart B. McKinney Fund through which social workers, nurse practitioners, mental health workers and outreach staff will be hired.

A special focus of the newly expanded Clinic will be the development of an AIDS outreach team of physician, nurse and social worker to provide services to the residents of San Francisco who are HIV positive or at risk of infection through IV drug use. The staff will also emphasize education of family members of those affected by this so called "Second Wave" of the epidemic. Plans are underway to develop a primary care AIDS clinic which will be equipped to deal with the triple diagnosis of AIDS/ARC, Chemical Dependency and Mental Health.

- Assessment of Accomplishments During FY 1987-88

The Waddell Clinic applied for and received state capital grant funds for renovations scheduled to begin in the fall of 1988. Additionally, private fund raising is under way to enhance those renovations. The above mentioned merger with the Health Care for the Homeless Program will extend the in-clinic care capacity of the Clinic as well as its outreach ability. The McKinney Funds have permitted the hiring of a multidisciplinary team of health care providers to address both the psychosocial and medical needs of the patients. Care will be provided in the clinic, the shelters, the hotels and, indeed, the streets of San Francisco.

- Program Changes and Objectives

The clinic will be going through a major transformation in both size and services. During the next fiscal year the Clinic will expand its first floor and utilize additional space on the second floor, nearly tripling its floor space.

The Waddell Clinic is expected to become a national model of multiservice care for homeless people and for individuals at risk of or diagnosed with AIDS or ARC who are homeless or low income. Some of the current programs include:

- A full range of multi-disciplinary services, including medical, nursing social services and mental health services;
- Services for women at risk of AIDS;
- Primary care services for homeless people;
- Primary care services for AIDS/ARC patients;
- A multidisciplinary outreach team to provide services in hotels which house a high proportion of drug users; and
- Community education programs.

INPATIENT/OUTPATIENT SERVICES
G) Tom Waddell Clinic
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: <u>Tom Waddell Clinic</u>			
Continue to provide medical care and or referral to approx 30,000 patients during this year.	Accomplished		Continuation of medical care and expansion of services to homeless patients to include homeless AIDS/ARC patients.
Merge with Health Care For The Homeless to provide more comprehensive in-clinic care and expanded outreach care.	In process		Complete merger with Health Care For The Homeless and continue to refine and expand services.
Develop multidisciplinary service approach to include medical, nursing, social services, mental health and outreach services.	In process		Continue to refine and expand services and multidisciplinary team approach.
To begin renovations of clinic.	Projected for fall 1988		To see renovations move towards completion in fiscal year 1989-90.
To establish primary care AIDS clinic.	Projected for spring 1989		To see clinic established during fiscal year 1988-89.

1988-89 AB 8
Component C. Inpatient/Outpatient Services
Section g. Other Inpatient and Outpatient Services

FORENSIC SERVICES

The Division of Forensic Services provides comprehensive health services to both the perpetrators and the victims involved in San Francisco's criminal justice system.

Jail Medical Services

- Need Statement

Incarcerated individuals constitute a medically high-risk population, with problems ranging from skin and dental disorders to major intestinal, hypertensive, diabetic, pregnancy, ETOH's and drug detox, psychiatric disorders and ARC, AIDS. The scope of medical and psychiatric disorders in the jail population is concomitant with their socio-economic status. Due to the severity of the jail environment, these problems are significantly exacerbated during incarceration. A large portion of the recidivist, high-risk population is comprised of the public inebriate and the chronic mentally ill, whose needs must be referred to and addressed by other community agencies in an effort to remove them from the jail setting. Comprehensive medical services consistent in quality with those available within the community are provided to the pretrial detainee on a 24 hour basis.

- Program Description

The multidisciplinary staff of County Jail #1 provides comprehensive care to the pre-trial detainee, including medical triage and screening, emergency treatment, identification and continuation of treatment of chronic medical and psychiatric conditions, drug and alcohol detoxification treatment, dental care, referrals to social services and referrals for hospital-based emergency room, outpatient and inpatient care. Care of the inebriate is not a management issue at County Jail #2 as it is at County Jail #1. Long term care is available at County Jail #2, as these inmates are longer term. County Jail #2 handles pharmacy needs for both county jails. Jail #3 provides services similar to those provided at Jail #2.

Youth Guidance Center

- Need Statement

Youngsters who come to the attention of the Juvenile Justice Court often have multiple medical, dental and psychiatric problems. More than 50% of them do not have a regular physician or dentist. Identifying and treating their medical problems and helping them assume responsibility for their own health are priorities of the medical, dental and psychiatric clinics at Youth Guidance Center (YGC), Log Cabin Ranch and Huckleberry House.

- Program Description

The medical, dental and psychiatric clinics at YGC, located at 275 Woodside, provide services to children and adolescents involved with the juvenile justice system. The medical clinic offers comprehensive health care services including assessment, diagnosis and treatment of acute and chronic medical problems to all residents at YGC. By law, all detainees must have a medical review within 48 hours of admission. This is accomplished by having each weekday morning 3 clinics which are staffed by nurses, pediatricians and specialists in adolescent medicine. Nursing services are provided 24 hours a day, 7 days a week. The medical director, a specialist in adolescent medicine, is readily available by beeper on a 24-hour basis. Cases needing extensive medical care may be referred to the Pediatric Department at SFGH.

The medical clinic has an extensive health education component staffed by three full-time health educators. Their focus is family planning and the general health problems encountered by adolescents. An STD and Family Planning Clinic is held once a week for youngsters who have been released but need follow-up care and treatment.

In addition to the clinic at YGC, health care services are provided at two other sites. Log Cabin Ranch School, located in La Honda, has one full-time nurse and physician services one day per week. Huckleberry House, in San Francisco, has one half-time nurse practitioner with consultation and medical back-up at YGC.

A dentist and dental technician are available each weekday morning to screen, diagnose and treat youngsters. Dental clearances are provided for out of home placements.

The psychiatric clinic provides crisis intervention, individual and group therapy and psychological assessment to youngsters at YGC and Log Cabin Ranch School, and consultation and education to adults who work with them.

Sexual Trauma Services

- Need Statement

One of every four women is sexually assaulted sometime in her life, and an increasing number of men are reporting sexual assault. Since this crime has traditionally been under-reported, only recently has its impact been known.

San Francisco continues to rank highest for reported sexual assaults of any city in the United States. Nationwide an estimated one of ten victims of sexual assault reports to the police; in San Francisco, three of ten report.

- Program Description

Sexual Trauma Services is a 24-hour rape treatment center providing a range of counseling and medical services to adult sexual assault and attempted sexual assault victims. It is located at San Francisco General Hospital.

Sexual Trauma Service nurses, along with SFGH physicians, provide medical treatment for assault-related injuries, VD testing/treatment and pregnancy testing.

Legal evidence collection is provided for sexual assault victims making police reports (though reports are not required of clients in order to receive treatment and services).

Sexual Trauma Service counselors provide phone and in-person crisis intervention and short-term counseling for sexual assault victims and people closest to them. Referrals for continued treatment and other support services are available.

The entire staff takes part in advocacy services and is available to conduct a wide range of professional trainings and in-services on sexual assault.

All services are available on a 24-hour basis.

Child and Adolescent Sexual Abuse Resource Center (CASARC)

- Need Statement

Sexual abuse of children has become better recognized and more frequently reported in the last several years, yet experts estimate that the majority of cases are still unreported. Fears of stigmatization and increased trauma due to exposure of child and family remain significant barriers to seeking help. An estimated 75 – 85% of the offenders are known to the victim, and an estimated 45% are related to the child.

- Program Description

The Child and Adolescent Sexual Abuse Resource Center (CASARC) is located in Building 80, Ward 83, of the SFGH Medical Center at 1001 Potrero Avenue. In collaboration with physicians in the Children's Health Center, the CASARC program provides medical care, crisis intervention, short-term and group counseling, and information and referral to children who have been sexually abused or assaulted and their families.

1988-89 AB 8
Component C. Inpatient/Outpatient Services
Section g. Other Inpatient/Outpatient Services

ROSE RESNICK CENTER FOR THE BLIND AND HANDICAPPED

- Need Statement

At least 12% of San Francisco's population is unable to use regular, fixed- route public transportation due to a physical handicap or frailty due to advanced age. Existing resources and waiting lists for meeting the transportation needs of this growing target population are inadequate, and the service provided by the Rose Resnick Center for the Blind and Handicapped (formerly California League for the Handicapped) is designed to fill this gap.

- Program Description

Transportation for low-income, handicapped clients is available through a program administered by Rose Resnick Center for the Blind and Handicapped (formerly California League for the Handicapped), which provides taxi vouchers for use between clients' residences and medical appointment sites or certain educational, therapeutic, and cultural activities. Taxi vouchers are available to handicapped residents of San Francisco whose income is \$650 or less per month.

INPATIENT/OUTPATIENT SERVICES

g.) Other Inpatient/Outpatient Services - Rose Resnick Center for the Blind and Handicapped
Program Objectives/Assessment of Accomplishments

FY 1987-88 Program Objectives	Level of Accomplishment	Explanation	FY 1988-89 Program Objectives
Program: Rose Resnick Center for the Blind & Handicapped			
To provide 240 taxi rides per month (2,880 per year)	Full accomplishment.		To provide 240 taxi rides per month (2,880 per year).

PLAN SCHEDULE B.1
Inpatient/Outpatient Services Financial Data

JURISDICTION: SAN FRANCISCO 38
FISCAL YEAR: 1988/89
DATE PREPARED: 9-30-88

Service Category	Estimated Expenditure	Estimated Revenues	Estimated Net Co. Cost
a. Gen Acute Inpt Hosp Svcs	118,697,406	81,305,334	37,394,072
b. Outpatient Services			
-Hosp Outpatient Dept	36,041,730	16,725,853	19,315,877
-Nonhosp based Co. Clinics	7,928,445	456,350	7,472,095
-Community Clinics	5,817,565	1,095,820	4,721,745
c. Skilled Nursing Facility Svcs	65,459,791	58,742,863	6,716,928
d. Lic Home Hlth Agency Svcs	472,386	105,000	367,386
e. Rehab Facility Services	2,025,607	1,805,948	219,659
f. Ambulance Services	8,880,410	2,689,741	6,190,669
g. Other Inpt/Outpt Services			
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
h. Admin & Other Support Svcs	4,325,092	0	4,325,092
TOTALS FOR INPT/OUTPT SERVICES	249,650,432	162,926,909	86,723,523

BUDGET SCHEDULE 3 TOTALS

249,650,432	162,926,909	86,723,523
EXPENDITURES	REVENUES	NCC

AMT. TOTAL IS OVER/(UNDER)

0 0 0

PLAN SCHEDULE C.1

Fiscal Year 1988-89

JURISDICTION FACILITIES AND PROVIDERS

Jurisdiction San Francisco

Name	Address	Explanation	Type of Facility*	Hours of Service*	Indicate with an X if services are 17000 Eligibles
San Francisco General Hospital	1001 Potrero Av. S.F. 94110		A	1	X
Adult Medical Center	San Francisco General Hospital		J	2,3	X
Children's Health Center	San Francisco General Hospital		J	2,3	X
Adult Surgical Center	San Francisco General Hospital		J	2	X
Women's Health Center	San Francisco General Hospital		J	2	X
Family Health Center	San Francisco General Hospital		J	2,3	X
Refugee Screening Center	San Francisco General Hospital		J	2	X
South of Market Health Center	San Francisco General Hospital		J	2,3	X
Caleb G. Clark Potrero Hill Health Center	551 Minna Street, S.F.		I	2,3	X
Southeast Health Center	1050 Wisconsin St., S.F.		I	2	X
SFGH Emergency Department	2401 Keith St., S.F.		I	2,3	X
Ambulance Paramedic Division	1001 Potrero Ave., S.F.		A	1	X
Tom Waddell Clinic	1001 Potrero Ave., S.F.		L	1	X
Laguna Honda Hospital	50 Ivy St., S.F.		***L	1	X
	375 Laguna Honda Blvd., S.F.		D,*L	1	X

* Acute rehab; subacute rehab; physical therapy, adult day health

** Preventive public health services

*** Emergency clinic

Note: "L" as used here refers to the Public Health Division of the San Francisco Dept. of Public Health

PLAN SCHEDULE C.1

Fiscal Year 1988-89

JURISDICTION FACILITIES AND PROVIDERS

Jurisdiction San Francisco

Name	Address	Explanation	Type of Facility*	Hours of Service*	Indicate with an X if services are provided to Section 17000 Eligibles
The AIDS Office	1111 Market St., S.F.		K	2	
North of Market Senior Service Center	333 Turk St., S.F.		I	2,4	X
Refugee Preventive Health Program	Health Center IV, 1st. Fl.		***L	2	X
Youth Guidance Center Medical and Medical Clinic	375 Woodside, S.F.		I	1	X
Sexual Trauma Services	50 Ivy Street, S.F.		J	1	X
Child & Adolescent Sexual Abuse Resource Center (CASARC)	SFGH, Bldg. 80, Ward 84, 1001 Potrero Ave., S.F.		J	1	X
Health Assessment and Referral for the Elderly	1182 Market St., Rm. 211		*L	2, **	X

* Referral Center

** 24-hour/7-day answering service

*** Preventive Public Health Service

*Please use codes on back

PLAN SCHEDULE C.1

Fiscal Year 1988-89

JURISDICTION FACILITIES AND PROVIDERS

Jurisdiction San Francisco

Name	Address	Explanation	Type of Facility	Hours of Service*	Indicate with an X if services are provided to Section 17000 Eligibles
Community Public Health Center	#1 3850-17th St., S.F.		**L	2,3	X
	#2 1301 Pierce St., S.F.		**L	2	X
	#3 1525 Silver Avenue, S.F.		**L	2	X
	#4 1490 Mason Street, S.F.		**L	2,3	X
	#5 1351-24th Avenue, S.F.		**L	2	X
City Clinic (VD)	356 - 7th St., S.F.		**L	2,3	X

*Please use codes on back

Please use the following codes and descriptions to complete Plan Schedule C.1

<u>Code</u>	<u>Type of Facility/Provider</u>	<u>Code</u>	<u>Hours of Service</u>
A.	General Acute Care Hospital	1.	24 Hours/7 days per week
B.	Acute Psychiatric Hospital	2.	8 a.m. - 5 p.m./Monday-Friday
C.	Psychiatric Health Facility	3.	Evening Hours
D.	Skilled Nursing Facility	4.	Weekend Hours
E.	Intermediate Care Facility - Other	5.	Other - Please specify on chart
F.	Intermediate Care Facility - Developmentally Disabled		
G.	Intermediate Care Facility - Developmentally Disabled/Habilitative		
H.	Home Health Agency		
I.	Primary Care Clinic		
J.	Specialty Clinic		
	1. Surgical Clinic		
	2. Chronic Dialysis Clinic		
	3. Rehabilitation Clinic		
K.	Public Health Department		
L.	Other		

PLAN SCHEDULE C.2

Fiscal Year 1988-89

NON-JURISDICTION FACILITIES AND PROVIDERS

Jurisdiction San Francisco

Name	Address	Type of Facility*	Hours of Service*	Type of Agreement*	Contract Amount	Indicate with an X if services are provided to Section 17000 Eligibles
3V - HP	6025 Third St., 94124	L	2	W	36,006	X
JCSF	1001 Potrero, S.F., 94110	A	1	W	37,440	X
JCSF	1001 Potrero, S.F., 94110	A	1	W	202,839	X
JCSF	1001 Potrero, S.F., 94110	A	1	W	362,600	X
JCSF	1001 Potrero, S.F., 94110	A	1	W	296,352	X
PPMC	2323 Sacramento St., S.F., 94115	A	1	W	140,379	X
Instituto Familiar	2515 24th St., S.F., 94070	L	2	W	76,545	X
PPMC	2323 Sacramento St., S.F. 94115	A	1	W	600,000	X
PPMC	2323 Sacramento St., S.F. 94115	L	2	W	1,032,270	X
PPMC	2323 Sacramento St., S.F. 94115	L	2	W	210,900	X
Youth Environment Study	2323 Sacramento St., S.F. 94115	L	2	W	648,847	X
Shanti	525 Howard, S.F., 94105	L	2	W	195,834	X
San Francisco AIDS Foundation	333 Valencia St., S.F., 94103	L	2	W	46,325	X
San Francisco AIDS Foundation	333 Valencia St., S.F., 94103	L	2	W	4,560	X
Polaris R&D	185 Berry St. Suite 6600, S.F., 94107	L	2	W	100,000	X
Friendship House Assn.	80 Julian, S.F., 94103	L	2	W	40,000	X
3V HP	6025 Third St., S.F., 94124	L	2	W	75,000	X
PPMC	2323 Sacramento St., S.F., 94115	A	1	W	137,865	X
JCSF	1001 Potrero, S.F., 94110	A	1	W	21,263	X
3V HP	6025 Third St., S.F., 94124	L	2	W	121,938	X
3V HP	6025 Third St., S.F., 94124	L	2	W	70,000	X
S.F. AIDS Foundation	333 Valencia St., S.F. 94103	L	2	W	213,727	X
Ecology & Environment	160 Spear St., S.F., 94105	L	2	W	180,000	X
American Lung Assn.	562 Mission St., Suite 203, S.F., 94105	L	2	W	22,988	X
American Environ. Mgmt.	UNK	L	2	W	1,000,000	X
Reidel Environ. Mgmt.	UNK	L	2	W	1,000,000	X
So. Bay Chemical	UNK	L	2	W	1,000,000	X
No. State Environ.	UNK	L	2	W	1,000,000	X
Crosby & Overton	UNK	L	2	W	1,000,000	X
Environ. Health Assn.	520 Third St., Suite 208, Oakland, CA 94607	L	2	W	253,320	X
Industrial Emerg. Coun.	666 Elm St., San Carlos, CA 94070	L	2	W	75,000	X
JCSF	1001 Potrero, S.F., 94110	A	1	W	68,859	X
3V HP	6025 Third St., S.F., 94124	L	2	W	80,904	X
3V HP	6025 Third St., S.F., 94124	L	2	W	9,990	X

*Please use codes on back

PLAN SCHEDULE C.2

Fiscal Year 1988-89

NON-JURISDICTION FACILITIES AND PROVIDERS

Jurisdiction San Francisco

Name	Address	Type of Facility*	Hours of Service*	Type of Agreement*	Contract Amount	Indicate with an X if services are provided to Section 17000 Eligibles
Mission Neighborhood Health Center	240 Shotwell, S.F. 94110	I	2	W	\$ 191,021	X
Rose Resnick Center	1299 Bush St., S.F. 94109	L	2	W	41,302	X
BV-HP Adult Day Health	1706 Yosemite, S.F., 94124	H	2	W	21,959	X
International Institute	2209 Van Ness, S.F., 94109	L	2	W	77,789	X
San Francisco Senior Center	890 Beach St., S.F. 94109	L	2	W	49,628	X
Suicide Prevention	3940 Geary St., S.F. 94118	L	2,4	W	30,288	X
UC Regents - TB Clinics	1001 Potrero, S.F., 94110	K	2	W	103,777	X
International Institute	1490 Mason, S.F. 94133	L	2	W	29,677	X
St. Lukes Neighborhood Health Center	1580 Valencia St., S.F. 94110	I	2	W	53,232	X
Ellis Hill Hutch Community Center	1050 McAllister, S.F. 94115	L	2	W	127,400	X
Urban Indian Health Board	56 Julian St., S.F., 94110	L	2	W	38,250	X
Northeast Medical Services	1520 Stockton, S.F., 94133	I	2	W	57,120	X
Mt. Zion Hospital	1600 Divisadero St., S.F. 94115	A	1	W	236,204	X
Mission Neighborhood Health Center	240 Shotwell, S.F., 94110	I	2	W	142,230	X
Family Services Agency	1010 Gough St., S.F., 94115	L	2	W	458,747	X
U.C. Regents	1001 Potrero, S.F. 94110	K	2	W	297,840	X
Multicultural Prevention	1540 Market St., S.F. 94102	L	2	W	234,787	X
San Francisco AIDS Foundation	333 Valencia St., S.F., 94103	L	2	W	296,787	X
San Francisco AIDS Foundation	333 Valencia St., S.F., 94103	L	2	W	79,752	X
San Francisco AIDS Foundation	333 Valencia St., S.F., 94103	L	2	W	45,191	X
San Francisco AIDS Foundation	333 Valencia St., S.F., 94103	L	2	W	389,293	X
San Francisco AIDS Foundation	333 Valencia St., S.F., 94103	L	2	W	350,850	X
San Francisco AIDS Foundation	333 Valencia St., S.F., 94103	L	2	W	10,375	X
California Nurses Association	1855 Folsom, Rm. 670, S.F., 94103	L	2	W	31,880	X
California Nurses Association	1855 Folsom, Rm. 670, S.F., 94103	L	2	W	971,109	X
Shanti Project	525 Howard St., S.F., 94105	L	2	W	90,145	X
Shanti Project	525 Howard St., S.F., 94105	L	2	W	1,320	X
S.F. Study Center, Inc.	1095 Market #601, S.F., 94103	L	2	W	9,750	X
California College of Podiatry	1210 Scott St., S.F. 94120	L	2	W		X
Family Service Agency	1010 Gough St., S.F. 94109	L	2	W	5,070	X
Asian American Recovery Center	2024 Hayes, S.F., 94117	L	2	W	30,000	X

*Please use codes on back

PLAN SCHEDULE C.2

Fiscal Year 1988-89

NON-JURISDICTION FACILITIES AND PROVIDERS

Jurisdiction San Francisco

Name	Address	Type of Facility*	Hours of Service*	Type of Agreement*	Contract Amount	Indicate with an X if services are Provided to Section 17000 Eligibles
3V HP	6025 Third St., S.F., 94124	L	2	W	50,000	X
Visiting Nurse Association	401 Duboce Ave., S.F., 94117	L	2	W	140,000	X
Catholic Charities	1049 Market St., S.F., 94102	L	2	W	186,326	X
Catholic Charities	1049 Market St., S.F., 94102	L	2	W	76,848	X
International Institute	1490 Mason, S.F., 94133	L	2	W	173,906	X
Youth Projects, Inc.	1696 Haight St., S.F., 94117	L	2	W	179,494	X
St. Benedict Cntr.	2891 Bush St., S.F., 94115	L	2	W	10,000	X

Please use the following codes and descriptions to complete Plan Schedule C.2

<u>Code</u>	<u>Type of Facility/Provider</u>	<u>Code</u>	<u>Hours of Service</u>
A.	General Acute Care Hospital	1.	24 Hours/7 days per week
B.	Acute Psychiatric Hospital	2.	8 a.m. - 5 p.m./Monday-Friday
C.	Psychiatric Health Facility	3.	Evening Hours
D.	Skilled Nursing Facility	4.	Weekend Hours
E.	Intermediate Care Facility - Other	5.	Other - Please specify on chart
F.	Intermediate Care Facility - Developmentally Disabled		
G.	Intermediate Care Facility - Developmentally Disabled/Habilitative		
H.	Home Health Agency		
I.	Primary Care Clinic		
	1. Free Clinic		
	2. Community Clinic		
	3. Employees' Clinic		
J.	Specialty Clinic		
	1. Surgical Clinic		
	2. Chronic Dialysis Clinic		
	3. Rehabilitation Clinic		
K.	Physician or Physician Group Practice		
L.	Other		
<u>Code</u>	<u>Type of Agreement</u>		
W.	Formal Contract		
X.	Written Procedure (e.g., Provider Letter, etc.)		
Y.	Current practice not written		
Z.	Other - Please specify on chart		

COUNTY HEALTH SERVICES
FISCAL YEAR 1988-89
BUDGET
FOR

CITY AND COUNTY OF SAN FRANCISCO

STATE/COUNTY COST SHARE SUMMARY AND APPLICATION
FOR COUNTY HEALTH SERVICES FUNDS

JURISDICTION: SAN FRANCISCO 38
FISCAL YEAR: 1988/89
DATE PREPARED: 9-30-88

I. County Health Services Fund Allocation

A. Net County Cost (NCC) Standard Table 1, Column 1	74,458,634
B. Per Capita Grant Table 1, Column 2	3,559,114
C. Maximum State/County Cost Sharing Amt. Table 1, Column 3	70,899,520
D. Maximum State Share Amount Table 1, Column 4	35,449,760
E. Maximum State Amount Table 1, Column 5	39,008,874
F. Medically Indigent Services Prog. Alloc. Table 2	27,171,521

II. County's Health Services Budget

A. NCC--as budgeted by County	117,421,133
B. Per Capita Grant (Same as I.B.)	3,559,114
C. Proposed State/County Cost Share Amount	113,862,019
D. State Share Amount	35,449,760
E. County Share Amount	78,412,259

III. Optional AB 8 Hearing

A. Maximum St./Co. Cost Share Amt. (I.C.)	N/A
B. Proposed St./Co. Cost Share Amt. (II.C.)	N/A
C. NCC Reduct'n Subj. to Hrng. (III.A.-B.)	N/A
D. Proposed State Share (Max 60% of III.B.)	N/A
E. Proposed County Share (III.B.-III.D.)	N/A
F. State/County Cost Sharing Rate	1.0000000000

IV. MISP Allocation

A. Co. Indigent Svcs. Costs--as budgeted	58,354,576
B. Proposed MISP Allocation	27,171,521

V. Application for County Health Svcs. Funds

A. Per Capita Grant	3,559,114
B. Proposed State Share	35,449,760
C. Proposed MISP Allocation	27,171,521
D. Total Proposed State Funding	66,180,395

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
 Budget Schedule 1 - Summary of County Budgeted Financial Data FY: 1988/89

Jurisdiction: SAN FRANCISCO 38
 Date Prepared: SEPT. 30, 1988

	(1) ADJUSTED EXPENDITURES	(2) ADMINISTRATIVE OVERHEAD CWCAP	(3) DEPRECIATION	(4) TOTAL ESTIMATED EXPENDITURES	(5) ADJUSTED REVENUES	(6) TOTAL ESTIMATED NET COUNTY COST
PUBLIC HEALTH	33,038,779	0	513,977	33,552,756	7,322,438	26,230,318
INPATIENT/ OUTPATIENT	249,650,432	0	4,467,292	254,117,724	162,926,909	91,190,815
TOTAL FOR COUNTY HEALTH SERVICES	282,689,211	0	4,981,269	287,670,480	170,249,347	117,421,133

Local Jurisdiction: SAN FRANCISCO 38

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100	100

To Sch 1 Col 5

Date Prepared: SEPT. 30, 1988

Local Jurisdiction: SAN FRANCISCO 38

TOTALS	39,756,937	6,638,612	79,546	33,038,779
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To Sch 2 Col 1

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CITY AND COUNTY OF SAN FRANCISCO
COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
Explanation of AB-8/CHS Deductions
Budget Schedule 2A-Public Health Expenditures

Budget UNIT NUMBER	UNIT TITLE	AMOUNT	REASON
<u>A. Excluded Program</u>			
732404	Health Centers	472,386	See Exhibit "I"
		<u>34,760</u>	See Exhibit "A"
	Sub-Total	507,146	
441600	Records & Statistics	9,632	See Exhibit "A"
732438	Senior Health Services	23,316	See Exhibit "A"
441006	General Administration	6,039,518	See Exhibit "C"
732347	Refugee Preventive Health Svc	20,000	See Exhibit "A"
732594	MIA	39,000	See Exhibit "E"
	Total	<u>6,638,612</u>	
		=====	
<u>B. Excluded Capital Expenditures</u>			
732404	Health Centers	10,710	Capital Expenditure Budget
732412	Environmental Health	12,696	Capital Expenditure Budget
732420	Disease Control	36,645	Capital Expenditure Budget
441808	Dental Clinic	14,495	Capital Expenditure Budget
733527	Aids Epid & Prert Services	5,000	Capital Expenditure Budget
	Total	<u>79,546</u>	
		=====	
	Grand Total	<u>6,718,158</u>	
		=====	

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
Budget Schedule 2B - PUBLIC HEALTH Revenues By Budget Unit

Date Prepared: SEPT. 30, 198

Fiscal Yr: 1988/89

Local Jurisdiction: SAN FRANCISCO 38

BUDGET UNIT NUMBER	SUB ACCOUNT NUMBER	COUNTY BUDGET PAGE NUMBER	UNIT TITLE	REVENUE SOURCE	(1) REVENUE BY SUBACCOUNT NUMBER	(2) DEDUCTIONS	(3) ADJUSTED REVENUES Col 1-Col 2
441154	62247515	1	LABORATORY SERVICES	FEES/ST	166,600		166,600
							166,600
732404	6224/299 7601-2-3	1	HEALTH CENTERS	STATE	531,929 0	105,000	426,929 0
							426,929
732414	5221/222 5227/321 5321 7044 7108 7110 7501-04 7519 7520 7521 7590	1	ENVIRONMENTAL HEALTH	FEES	3,916,298		3,916,298 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
							3,916,298
441600	7509 7510 7511	1	RECORDS AND STATISTI	FEES	423,000		423,000 0 0 0
							423,000
732388	6224	1	AIDS		397,255	5,000	392,255 0 0 0
			Total AIDS				392,255
				TOTALS	0	0	0
							To Sch2 Col2

BUDGET UNIT NUMBER	SUB ACCOUNT NUMBER	COUNTY BUDGET PAGE NUMBER	UNIT TITLE	REVENUE SOURCE	(1) REVENUE BY SUBACCOUNT NUMBER	(2) DEDUCTIONS	(3) ADJUSTED REVENUES Col 1-Col 2
732420	62247601	1	DISEASE CONTROL	ST/FEEs	326,177		326,177
							326,177
441808	6224 7513-14	1	DENTAL CLINIC	FEEs/ST.	35,866		35,866
							35,866
441857	6208/224 7512/16 6026	1	MATERNAL AND CHILD H	STATE FEEs STATE	1,351,400 0 0		1,351,400 0 0
							1,351,400
732198	7590	1	EMERG MED SVCS AGEN	FEEs	8,000		8,000
							8,000
732446	7602 7603	1	IND. OF MKT SR SVCS P	STATE/FED	25,000		25,000 0
							25,000
732594	6221/224	1	MIA	STATE	289,913	39,000	250,913
							0 0 0 0 0 0 0 0 0 0
			Total MIA				250,913
			TOTALS		7,471,438	149,000	7,322,438

To Sch2 Col2

Source: Report No. 1400 dated August 8, 1988

COTY AND COUNTY OF SAN FRANCISCO
COUNTY HEALTH SERVICES
MULTI-YEAR PLAN AND BUDGET
Explanations of AB-8/CHS Deduction
Budget Schedule 2B-Public Health Revenue

BUDGET UNIT NUMBER	UNIT TITLE	AMOUNT	REASON
732404	Health Center	105,000	Home Health Center
732388	Aids	5,000	Applicable to Capital Expenditures
441006	MIA	<u>39,000</u>	See Exhibit "E"
	Total	149,000 =====	

1393

Date Prepared: SEPT. 30, 1988

Yes _____ No **X**

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To Sch 1 Col 1 To Sch 1 Col 1
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Date Prepared: SEPT. 30, 1988

Local Jurisdiction: SAN FRANCISCO 38

To Sch 2 Col 1

CITY AND COUNTY OF SAN FRANCISCO
COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
Explanation of Ab-8/CHS Deductions-Inpatient/Outpatient
Budget Schedule 3-A

BUDGET UNIT NUMBER	UNIT TITLE	AMOUNT	REASON
<u>A. Excluded Program</u>			
732594	MIA	466,643	Amount applicable to Public Health
462580	SFGH Acute Operation	9,250	See Schedule "A"
462598	SFGH Psych Services	11,501,543	Psych Services
467606	SFGH Methadone	929,845	Psych Services
733907	Forensic Services CSP	1,525,645	Forensic Services
731398	Forensic Services YGC	518,991	Forensic Services
731406	Forensic Services Jail	1,135,548	Forensic Services
732404	Health Centers Home Health	34,760	See Exhibit "A"
	Sub-Total	10,334,558	Applicable to Public Health
441006	General Administration	<u>2,283,282</u>	Applicable to Public Health
	Total	28,705,305	
		=====	
<u>B. Excluded Capital Expenditures</u>			
448274	L.H.H.	602,742	Capital Expenditure Budget
462580	SFGH Acute Operation	987,157	Capital Expenditure Budget
443010	SFGH Emergency Medical	173,586	Capital Expenditure Budget
441055	Forensic Services-Medical	17,700	Capital Expenditure Budget
732404	Health Center Home Health	<u>10,710</u>	Capital Expenditure Budget
	Total	<u>1,791,895</u>	
	Grand total	30,497,200	
		=====	

COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
Budget Schedule 3B - INPATIENT/OUTPATIENT Revenues By Budget Unit

Date Prepared: SEPT. 30, 198

Fiscal Yr: 1988/89

Local Jurisdiction: SAN FRANCISCO 38

BUDGET UNIT NUMBER	SUB ACCOUNT NUMBER	COUNTY BUDGET PAGE NUMBER	UNIT TITLE	REVENUE SOURCE	(1) REVENUE BY SUBACCOUNT NUMBER	(2) DEDUCTIONS	(3) ADJUSTED REVENUES Col 1-Col 2
732594	6221/24	1	ADMIN HIA ELIG	STATE	289,913	250,913	39,000
							39,000
							=====
448274	7508	4	LAGUNA HONDA HOSPITAL	FEES/	63,297,220	590,689	62,706,531
	7514			STATE/			0
	7601-04			FED			0
	7607						0
	7608						0
	7619						0
	7699						0
	6220						0
							0
							62,706,531
							=====
					0	0	0
							0
							=====
462580	6221&24	9	SFGH	FEES/	129,100,561	29,480,533	99,620,028
	7671-77			FED/STATE	0	0	0
	7681-85						0
	7692-93						0
							0
							99,620,028
							=====
441055	6074	156	FORENSIC SERVICES	FEES/	2,451,567	1,995,217	456,350
	6299			STATE			0
	7601-98						0
							456,350
							=====
732404	7601		HEALTH CENTERS	FEES	105,000	0	105,000
							105,000
							=====
TOTALS					195,244,261	32,317,352	162,926,909
					=====	=====	=====
							To Sch3 Col2

CITY AND COUNTY OF SAN FRANCISCO
COUNTY HEALTH SERVICES MULTI-YEAR PLAN AND BUDGET
Explanations of Ab-8 / CHS Deductions
Budget Schedule 3B-Inpatient/Outpatient Revenues

BUDGET UNIT NUMBER	UNIT TITLE	AMOUNT	REASON
732594	MIA	252,035	
448274	Laguna Honda Hospital	590,689	A B - 8
462598	San Francisco General Hospital	22,787,498	A B - 8
		1,389,767	Short Doyle-Non Medi-Cal
		<u>5,303,268</u>	Short Doyle-Medi-Cal
	Sub-Total	29,480,533	
441055	Forensic Services	1,735,145	Community Mental Health-Short Doyle
		<u>260,072</u>	Short Doyle Medi-Cal
	Sub-Total	1,995,217	
	Total	<u>32,318,474</u>	
		=====	

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**AB 8 - COUNTY HEALTH SERVICES
AND
MEDICALLY INDIGENT SERVICES PROGRAM
PLAN UPDATE AND BUDGET FORMS
FOR
FISCAL YEAR 1988-89**

CITY AND COUNTY OF SAN FRANCISCO

SAN FRANCISCO
1988-89
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SAN FRANCISCO
1988-89
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(TO SCH. 100 (TO SCH. 100
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COUNTY OF: SAN FRANCISCO
FISCAL YEAR: 1988-89
DATE PREPARED: 9-30-88

[illegible]

COUNTY OF: SAN FRANCISCO
FISCAL YEAR: 1988-89
DATE PREPARED: 9-30-88

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Explanation of MISP Deductions-Expenditures
FY 1988-89 Budget

DESCRIPTION:

Budget Unit: 732594
Description: MIA
Amount : \$ 153,347

Total Budget plus Administration costs (Col 1 + Col 3)		514,491	
Less MIA-related costs :			
MIA Eligibility - Central Office (Exh. D)	39,000		
MIA Medical Service Contracts	<u>315,933</u>		
Sub-Total	354,933		
Administration Costs:			
354,933			
----- x 6,377,311	=	<u>6,211</u>	<u>361,144</u>
364,460,787			
Total deduction			153,347
			=====

Budget Unit : 462580
Description : SFGH
Amount : \$ 143,836,592

Total Budget - Schedule 100 A (Col 1-3)		184,469,602	
Less: Expenditures for Indigent Service:			
Using Ratio of Indigent charges to total charges			
Per MCRIFAM 4-2 for June 1988: (see exhibit F)			
22.17% x [184,469,602 - 1,190,351]			<u>(40,633,010)</u>
Total Deduction			143,836,592
			=====

<u>Non AB-8 Reported Indigent Service Costs :</u>	
Psych-Methadone Budgets	12,431,388
Depreciation (Used 86-87)	21,071
Central Office Adm. Costs (exh. D)	217,524
Less Capital Outlay	<u>(29,608)</u>
Net	12,640,375
Multiply by Indigent Ratio	<u>x 22.17%</u>
Non AB-8 Reportable	2,802,371
	=====

Capital Outlay-per Report 1410, Objects 220 & 231	
Psych - Methadone	29,608
Others	<u>1,160,743</u>
Total	1,190,351
	=====

Budget Unit: 730366
 Description: Community Mental Health Services
 Amount : \$ 40,917,415

Total Budget - (Schedule 100 A Col 1-3) 58,332,322
 Less Expenditures for Indigent Services:
 (Based on 87-88 CRDC Budget)

MIA Allocation	2,498,573	
Ad Valorem Overmatch (Refer Exhibit G)	14,409,104*	
Estimated MIA Budgeted Expenditures-		
87-88 (+ 3% COLA)	16,907,677	(17,414,907)
Total Deduction		40,917,415
		=====

*MIA + Short Doyle + Match
 ----- x Overmatch
 Total Revenues-Overmatch

2,498,573 + 34,736,945	
-----	x 20,274,393 = 14,409,104
72,666,793 - 20,274,393	=====

Budget Unit :732172
 Description :Community Substance Abuse Services.
 Amount :\$ 11,031,537

Total Budget (Schedule 100 A Col 1+3)	11,839,248
Less Expenditures for Indigent Services : (based on 88/89 Drug)	
Non Federal Medical (\$ 509,231 in 86/87	
5% COLA per year)	561,427
Ad Valorem Overmatch	246,284
Total deduction	(807,711)
	11,031,537
	=====

Non Federal Medical
 ----- x Overmatch
 Drug Revenues-Overmatch

561,427	
-----	x 2,791,636 = 246,284
9,155,414 - 2,873,618 + 81,982	=====

Budget Unit : 733519
Description : AIDS - CMHS
Amount : \$ 65,667

Total Budget (Schedule 100 A Col 1+3)	93,610
Less expenditures for Indigent Services	
Use ratio of CMHS Col 6 to sum of Col 1+3 :	
17,414,907	
----- = 29.85% X 93,610 =	(27,943)
58,332,322	
Total deduction	65,667
	=====

Budget Unit : 733493
Description : AIDS - CSAS
Amount : \$ 78,664

Total Budget (Schedule 100 A Col 1+3)	84,422
Less expenditures for Indigent Services :	
Use ratio of CSAS Col 6 to sum of Col 1+3	
807,711	
----- = 6.82% x 84,422 =	(5,758)
11,839,248	
Total deduction	78,664
	=====



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Explanation of MISP Deduction-Revenue
FY 88-89 Budget

Budget Unit No. 462580
Revenue Subaccount No. 6220-7692
Title : Various-see Report 1400, Page 9
Amount: \$ 128,204,664

Total per Report 1400, Page 9	129,100,561
Less Indigent Revenue-see exhibit H	<u>(895,897)</u>
Total deduction	128,204,664
	=====

Budget Unit No. 730366
Revenue Subaccount No. Various
Title : Various-see Report 1400, Page 3
Amount: \$ 40,789,644

No MIA-related revenue documented

Budget Unit No. 732172
Revenue Subaccount No. Various
Title : Various - see Report 1400, Page 20
Amount: \$ 7,784,265

No MIA-related revenue documented

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**COUNTY HEALTH SERVICES
FISCAL YEAR 1988-89
SECTION 17000
INDIGENT HEALTH SERVICES
REPORT**

FOR

CITY AND COUNTY OF SAN FRANCISCO

Section 17000 WIC Utilization and Cost Projections

A. Estimated Number of Eligible Individuals and Individuals Receiving County Indigent Services

- o Please estimate the monthly average number of persons eligible for indigent health services..... 10,000
- o Please estimate the monthly average number of persons receiving county indigent health services..... 10,000
- o Please briefly describe the methodology you used to estimate the number of individuals receiving county indigent health services.

No distinction is made between "eligible" and "user". Eligibility is determined every 3 months but no eligibility file is maintained beyond the current month. Estimate assumes 5% increase over FY 87/88 utilization and cost projection.

B. Projected Utilization and Cost by Major Categories of Service

<u>Categories of Service</u>	(1) Units of Service	(2) Cost of Service	(3) Units of Service	(4) Cost of Service
1. Outpatient Encounters ¹ (Exclusive of Mental Health)	<u>95,168</u>	<u>6,781,558</u>		
a. Physician Encounters			<u>85,312</u> ³	<u>6,251,652</u> ²
b. Non-Physician Medical Practitioner Encounters			<u>2,077</u> ³	<u>101,723</u> ²
c. Dental Encounters			<u>3,951</u> ³	<u>180,848</u> ²
d. Other Professional Encounters			<u>3,828</u> ^{3,9}	<u>247,334</u> ²
2. Outpatient Mental Health Encounters	<u>113,732</u> ³	<u>11,560,021</u> ⁴		
3. Other Outpatient Services		<u>6,388,200</u>		
a. Diagnostic Services (X-ray and Lab)			<u>95,819</u> ³	<u>4,231,366</u> ⁴
b. Pharmaceutical Services (Drug and Medical Supplies)			<u>NA</u> ⁷	<u>1,343,365</u> ⁴
c. Other Community Substance Abuse Services			<u>NA</u> ⁷	<u>813,469</u> ⁶

8. Projected Utilization and Cost by Major Categories of Service (Continued)

	(1) Units of Service	(2) Cost of Service	(3) Units of Service	(4) Cost of Service	
4. Acute Hospital Inpatient		<u>34,159,550</u>			
<u>Accommodation</u>					
a. Acute Hospital Inpatient Days (Exclusive of Mental Health)	<u>22,598</u> ³			<u>13,126,408</u> ⁴	
b. Acute Hospital Admissions (Exclusive of Mental Health)	<u>3,323</u> ³				
c. Mental Health Acute Hospital Days	<u>16,803</u> ³			<u>8,685,200</u> ⁴	
d. Mental Health Acute Hospital Admissions	<u>N.A.</u> ⁷				
<u>Ancillary</u>					
e. Surgical Services to Hospital Inpatients		<u>20,292</u> ³		<u>3,090,337</u> ⁴	
f. Inpatient Anesthesiology Services		<u>152,232</u> ³		<u>1,548,195</u> ⁴	
g. Physician Inpatient Visits		<u>N.A.</u> ⁷		<u>N.A.</u> ⁷	} 7,709,410 ⁸
h. Other Acute Inpatient Services		<u>N.A.</u> ⁷		<u>N.A.</u> ⁷	
5. SNF/ICF Services		<u>0</u>			
<u>Accommodation</u>					
a. SNF/ICF Days	<u>--</u>			<u>--</u>	
b. SNF/ICF Admissions	<u>--</u>				
<u>Ancillary</u>					
c. Physician Visits to SNF/ICF Patients		<u>--</u>		<u>--</u>	
d. Other SNF/ICF Services		<u>--</u>		<u>--</u>	
6. Administrative Services		<u>361,144</u>			
a. Eligibility Determinations	<u> </u>			<u> </u>	
b. Direct Administration				<u>361,144</u>	
7. Total		<u>59,250,473</u>			

3. Projected Utilization and Cost by County Owned Facilities and by Non-County Facilities

	<u>County</u>		<u>Non-County</u>	
	(1) Units ³	(2) Cost ⁴	(3) Units ³	(4) Cost ⁴
1. Outpatient Encounters (Exclusive of Mental Health)	<u>95,168</u>	<u>6,781,558</u>	<u>--</u>	<u>--</u>
2. Outpatient Mental Health Encounters	<u>64,031</u>	<u>6,508,291</u>	<u>49,701</u>	<u>5,051,730</u>
3. Acute Hospital Inpatient Days (Exclusive of Mental Health)	<u>16,768</u>	<u>12,605,290</u>	<u>5,830</u>	<u>521,118</u>
4. Mental Health Acute Hospital Days	<u>13,222</u>	<u>6,955,976</u>	<u>3,581</u>	<u>1,729,224</u>
5. SNF/ICF	<u>--</u>	<u>--</u>	<u>--</u>	<u>--</u>

D. Projected Utilization of Emergency Services by Facility Ownership

Please provide unit and cost information for those Outpatient Encounters in Sections I and II above which are provided on an emergency basis by both locality and facility ownership.

EMERGENCY SERVICES PROVIDED WITHIN COUNTY

<u>County Facilities</u>		<u>Non-County Facilities</u>	
(1) Units ³	(2) Cost ⁴	(3) Units	(4) Cost
<u>24,521</u>	<u>4,480,600</u>	<u> </u>	<u> </u>

EMERGENCY SERVICES PROVIDED OUT OF COUNTY

<u>County Facilities</u>		<u>Non-County Facilities</u>	
(1) Units	(2) Cost	(3) Units	(4) Cost
<u> </u>	<u> </u>	<u> </u>	<u> </u>

N O T E S

1. Includes emergency room cost and units.
2. Units and/or cost of service computed as a ratio from 87/88 Utilization and Cost Report.
3. Units of service computed by projecting changes from 86/77 to 87/88 and 88/89 as reported on FBSP 27 and 28 for SFGH and CR/DC Short-Doyle cost reports for Community Mental Health Services.
4. Cost of service calculated by projecting changes from 86/87 to 87/88 and 88/89 as reported on FBSP 27 and 28 for SFGH and CR/DC cost reports for Community Mental Health Services.
5. Includes ambulance and central processing.
6. Community Substance Abuse Services.
7. Reliable figures cannot be obtained or estimated.
8. Total is remainder of Acute Hosptial Inpatient and cannot be broken down further.
9. Ambulance only.

1. ELIGIBILITY:a) Please indicate who conducts Section 17000 WIC eligibility determinations. (Please check all that apply.)

- ☒ County employed health personnel
☐ County employed welfare personnel
☒ Contract providers
☐ Other providers

☐ No eligibility determinations are made. County bills full charges to all patients. (IF YOUR COUNTY DOES NOT UTILIZE A FORMAL PROCESS TO DETERMINE ELIGIBILITY FOR INDIGENT HEALTH SERVICES, SKIP QUESTIONS 1.b THROUGH 1.m).

b) Please indicate where eligibility determinations are made by location. (Please check all that apply.)

- ☐ County Welfare Department
☒ County Hospital/Clinics
☐ County Health Department
☒ Contract Providers/Facilities
☐ Other. Please specify: _____

c) Please estimate the percent of Section 17000 WIC eligibility determinations made within the following time periods.

- _____ % Prior to services being rendered, no immediate medical need.
97 % Prior to services being rendered, immediate medical need required.
3 % After services are rendered.
100 % TOTAL

d) What standard does your county use to determine eligibility for county indigent health services provided pursuant to Section 17000 WIC?

- ☐ Anyone in need of such services will be treated.
☐ Medi-Cal Medically Needy Only (MNO) income and property/resource standards are used to determine eligibility for health service.
☐ County general assistance/relief income and property/resource standards are used to determine eligibility.
☐ A standard above the Medi-Cal income standard for cash grant receipt.
☒ Other county income and property/resource standards will be used to determine eligibility. Please describe:

Please see attached standards

e) Please check all criteria used to determine eligibility for county indigent health services.

- | | |
|--|---|
| ☒ Income | ☒ Residency |
| ☐ Real Property | ☒ Liquid Assets |
| ☐ Personal Property | |
| ☐ Other--please describe: _____ | |

☐ County indigent health services are provided to anyone in need of such services.

MIA ELIGIBILITY STANDARDS

- I. Patient is San Francisco resident between ages 21 and 64.
- II. Patient is not eligible for Medi-Cal.
- III. Liquid assets (cash, money in bank) are below personal property limit for number in immediate family.

MIA PERSONAL PROPERTY LIMITS

<u>NUMBER OF PERSONS</u>	<u>PERSONAL PROPERTY LIMIT EFFECTIVE 1/1/88</u>	<u>OLD PERSONAL PROPERTY LIMITS PRIOR TO 1/1/88</u>
1	\$1900	\$1800
2	2850	2700
3	3000	2850
4	3150	3000
5	3300	3150
6	3450	3300
7	3600	3450
8	3750	3600
9	3900	3750
10 or more	4050	3900

- IV. MIA maintenance need levels are compared with net monthly income to determine if patient is eligible for free care:

<u>Number of Persons in MFBU</u>	<u>MIA Maintenance Needs Effective 7/1/88</u>
1 person	\$ 575
2 persons	717
2 adults	892
3 persons	892
4 persons	1,059
5 persons	1,200
6 persons	1,350
7 persons	1,484
8 persons	1,617
9 persons	1,742
10 persons	1,875

For each additional person add \$13.00

The maintenance need level for persons in long-term care is \$35.00.

V. Inpatient Charges

Inpatients whose family monthly net income is over the maintenance need are charged a share of cost. The share of cost is determined by subtracting the maintenance need for the number in the family from the family monthly net income. After the patient has incurred medical bills equaling that amount, he/she is eligible for free care for the rest of that month.

VI. MIA OUTPATIENT SLIDING SCALE

<u>Maximum Liability for Each Family Member for Each Encounter</u>		
<u>Family Monthly Net Income</u>	<u>SFGH Outpatient</u>	<u>SFGH Emergency</u>
0-Maint. need	0	0
Maint. need-1000	\$10	\$15
\$1001-1500	\$35	\$50
\$1501-2000	\$65	\$100
\$2001-2500	Full bill	Full bill

0536a
0536a

f) In determining eligibility for county indigent health services, whose income property and resources are considered? (Please check all that apply.)

☒ Applicant ☐ Parents/minor children living in home
☒ Spouse ☐ Parents/adult children living in home
☐ Everyone living in household claimed for tax purposes.

g) What kinds of income are considered in determining eligibility for county indigent health services? (Please check all that apply.)

☒ Salary ☒ Annuity
☒ Rental from real property ☒ Spousal support
☒ Unemployment payment ☒ Grants/loans
☒ Gifts ☒ Dividends
☒ Pension ☒ Retirement
☐ Other (please describe):

h) If family units are considered in determining eligibility, what monthly income levels are used to determine who is eligible for health care services, and what method is utilized in making this determination?

MONTHLY INCOME LEVELS

METHOD USED IN MAKING DETERMINATION

	Amount	
One person family unit: \$	<u>575</u>	☒ Medi-Cal Share of Cost for inpatients Standards
Two person family unit: \$	<u>717</u>	☒ Sliding Fee Schedule for outpatients
Three person family unit: \$	<u>892</u>	☐ Percent of Bill
Four person family unit: \$	<u>1059</u>	☐ Other (please describe):
Five person family unit: \$	<u>1200</u>	

i) What types of property are considered in determining eligibility for county indigent health services? (Please check all that apply).

☐ none ☐ life estates ☐ burial trusts
☐ home ☐ jewelry/heirlooms ☐ burial plots
☐ household property ☐ recreational ☒ liquid assets
☐ business ☐ vehicles ☐ insurance
☐ other real property ☒ stock/bonds ☐ policies
☐ motor vehicles ☐ other

j) What is the maximum value of property allowed in determining eligibility for county indigent health services?

	Amount
☐ Not Applicable One person family unit	\$ <u>1900</u>
Two person family unit	\$ <u>2850</u>
Three person family unit	\$ <u>3000</u>
Four person family unit	\$ <u>3150</u>
Five person family unit	\$ <u>3300</u>

k) Can someone with excess income and/or resources be eligible for your county's program? ☒ Yes ☐ No

- l) Once eligibility for county indigent health services has been established, how often is eligibility re-determined or verified? (Please check all that apply.)

☒ Every time patient needs health services?	☐ Monthly?
☐ Every other month?	☒ Every three months?
☐ Every six months?	☐ Annually?
☐ Other--please describe:	

- m) Please summarize any significant changes in the eligibility standards for indigent health services which have been made since your last Plan and Budget submission.

Eligibility periods at San Francisco General Hospital lengthened to
3 months.

2. SERVICES

- a) Please indicate all types of health services made available to county indigents pursuant to Section 17000 WIC. (See Sections 14021 and 14132, Welfare and Institutions Code for complete services listing/definitions).

☒ Emergency Inpatient Hospital Services	☒ Dialysis Services
☒ Non-Emergency Inpatient Hospital Services	☒ Emergency Physician Servs.
☐ Inpatient Rehabilitation Services	☒ Family Planning Services
☒ Inpatient Mental Health Services	☒ Blood & Blood Derivatives
☐ Nurse Anesthetist Services	☒ Lab and X-ray
☒ Outpatient Pharmaceutical/Medical Supplies	☒ Dental Services
☒ Other Outpatient Mental Health Services	☒ Podiatry
☐ Eyeglasses and Eye Appliances	☒ Optometry
☒ Non-Physician Medical Practitioner	☒ Psychology
☐ Prayer or Spiritual Healing	☐ Chiropractic
☒ Non-Emergency Physician Services	☐ Acupuncture
☒ Paramedic Services	☒ Physical Therapy
☒ Skilled Nursing Facility Services	☒ Occupational Therapy
☐ Intermediate Care Facility Services	☒ Speech Pathology
☒ Home and Community-Based Services	☒ Audiology
☐ Outpatient Rehabilitation Services	☒ Hearing Aids
☒ Prostheses and Orthoses	☒ Home Health Services
☒ Durable Medical Equipment	☒ Adult Day Health Care
☒ Emergency Transportation Services	☐ In-Home Medical Care
☐ Non-Emergency Transportation Services	☐ Other - Please Specify

b) Please indicate all types of referrals and authorization procedures adopted by your county before county Section 17000 WIC indigent care is approved and compensated.

County Hospital		Private Hospital		Contract Hospital		County Clinics		Contract Clinics		Private Clinics	
I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P	I/P	O/P

SERVICES

—	—	—	—	<u>X</u>	<u>X</u>	—	—	—	—	—	—
—	—	—	—	<u>X</u>	—	—	—	—	—	—	—
—	—	—	—	<u>X</u>	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—

Emergency Care
Specialty Care
Mental Health Care
Rehabilitation Services
Emergency Transportation
All Care

PROCEDURES

—	—	—	—	<u>X</u>	<u>X</u>	—	—	—	—	—	—
—	—	—	—	<u>X</u>	<u>X</u>	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—

Phone
Written
Phone with written follow-up

Care Authorized By

—	—	—	—	<u>X</u>	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	<u>X</u>	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—

Medical Director
Staff Physician
Staff Physician w/Medical Director Cosignature
Utilization Review Nurse
Utilization Review Nurse w/Medical Director
No authorization required

& Finance Officer

3. PATIENT CHARGING, BILLING, AND COLLECTING PROCEDURES

a) Please indicate the patient charging, billing, and collecting procedures to be used in FY 1988-89 for services delivered to indigents. (Please check all that apply.) (NOTE: for Sections B. and C., if you use a specific sequence of procedures, please so indicate by filling in the boxes which corresponding numerals (e.g., 1 = first procedure, 2 = second procedure, etc.)

Used for all Services	Outpatient Services Only	Inpatient Services Only	Not Used
—	—	—	<u>X</u>
—	—	—	<u>X</u>
—	—	—	<u>X</u>

A. Charges to patients

No charges made to patients
Full charge made to patients
Set dollar amount (copayment) charged:

Inpatient \$ _____

Outpatient \$ _____

Pharmacy \$ _____

<u>X</u>	—	—	<u>X</u>
—	—	—	<u>X</u>
—	—	—	—

Percentage dollar amount (coinsurance or premium) charged
Sliding fee scale
Other Charge made

B. Billing and Payment Procedures

<u>X</u>	—	—	<u>X</u>
—	—	—	—
<u>X</u>	—	—	—

Charges determined prior to receipt of services
Charges determined after receipt of services
Payment required prior to services rendered
/Pre-service deposit required:

Sliding scale
Inpatient \$ _____ or 50 % for elective procedures
Outpatient \$ _____ or 50 % for come and go surgery

3. PATIENT CHARGING, BILLING, AND COLLECTING PROCEDURES (continued)

Used for all Services	Outpatient Services Only	Inpatient Services Only	Not Used	B. <u>Billing and Payment Procedures</u> (cont.)
			<u>X</u>	Post-service single payment required
<u>X</u>	—	—	—	Post-service payment plan available
<u>X</u>	—	—	—	County health agency bills
<u>X</u>	—	—	—	Other county agency bills
<u>X</u>	—	—	—	Private provider bills patient directly ambulance by contract
C. <u>Delinquent Accounts Procedures</u>				
—	—	—	<u>X</u>	Patients denied future services because of outstanding county medical bills
—	—	—	<u>X</u>	Delinquent accounts charged to Hill-Burton obligations
<u>X</u>	—	—	—	Delinquent accounts handled by county health agency
<u>X</u>	—	—	—	Delinquent accounts handled by other county agency
ambulance <u>X</u>	—	—	—	Delinquent accounts handled by private provider
<u>X</u>	—	—	—	Delinquent accounts "written off"
<u>X</u>	—	—	—	Property liens pursued for delinquent accounts

4. ACCESS

(a) Where is the indigent person given individual notification about the availability of low cost medical services?
(Please check all applicable locations)

- X Where the patient seeks and registers for outpatient/emergency services
- X Where the patient is admitted for inpatient services (if he or she hasn't first registered at an outpatient clinic/emergency room)
- Where eligibility for Section 17000 services is determined, if different from location of medical service.
- Other (Please explain) _____
- _____
- _____
- _____
- _____

(b) Please check which situation listed below applies to your county.

- Individual notice of available low cost medical service is provided each time treatment is sought
- X Individual notice is provided each time treatment is sought unless it is known that the person is already enrolled in the MISP Program (through use of identification card etc.)
- Individual notice is unnecessary and not provided at county run and/or contract facilities, because all persons seeking medical services are automatically screened for possible reduced cost service, and no applicant is denied service because of inability to pay.
- Other (Please explain) _____
- _____
- _____
- _____
- _____

(c) How is individual notification provided? (Please check all that apply)

☒ Spoken notification

☐ Brochure/flyer individually handed out

☐ Notification is written into the registration form

☒ Other (Please explain) Posted signs

Please provide copies of the flyers, brochures, and registration forms used in providing individual notification.

(d) Is verbal individual notification provided in all languages spoken by at least five percent of the county's population?

☒ YES ☐ NO (If "NO", please indicate language(s) with five or more percent population which are not provided spoken notification):

(e) Is brochure/flyer used for individual notification printed in all languages spoken by at least five percent of the county's population?

☒ YES ☐ NO (If "NO", please indicate language(s) with five or more percent population not provided written notification):

Please provide copies of the flyers, brochures, and registration forms used in providing individual notification.

(f) Notices are required to be posted notifying indigent persons about the availability of reduced cost medical care. Please check all locations where such signs are posted and provide a copy of the posted notices your county uses.

☒ Emergency center waiting/registration area

☒ Clinic(s), including hospital outpatient clinics

☒ Hospital inpatient admitting areas

☐ Public assistance offices

☐ Mental health facilities

☐ Offices/waiting areas of physicians and other providers where indigent persons are served

☒ Pharmacies serving indigent persons

☐ Other (Please explain) _____

(g) Are signs indicating availability of reduced cost services posted in a foreign language (or languages) if five or more percent of the patients in your county speak that language?

 X YES NO (If "NO", please indicate which language(s) you do not have signs for.) Please provide a copy of all foreign language posters your county uses.

(h) Are the signs large, clearly readable, and easily understandable by persons in the waiting areas, and are they placed appropriately close to the registration/admitting desks?

 X YES NO

(i) Please check all the methods your county uses, in addition to posted notices, to notify persons about the availability of reduced cost medical services.

 X Treatment facility provides individual written notices

 County notices mailed to beneficiaries

 X County worker explains availability of reduced cost services to persons registering for services at county facilities

 X Contract facility representative explains availability of reduced cost services to persons registering for service

 Newspaper articles

 County mailed notices to beneficiaries

 X Community meetings organization meetings

 Listing in community welfare directory or telephone directory

 Information operator/service hot line (please specify days and hours of operation and include the telephone number)

 Other (Please explain) _____

(j) Does your county have a policy of requiring or asking that a patient make a payment before receiving indigent health care services?

 X YES NO (If "YES", please describe the county's policies and procedures that assure that a patient's inability to pay will not deny the patient any medically necessary services.)

 Some elective procedures require prior deposit of patients' share of cost.

Exhibit "A"

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Schedule of Local SNAP Grants
Fiscal Year 1988-89

	PERIOD OF GRANT	DPDPH DEPT/DIV	LOCAL MATCH AMOUNT
Project # VIII-524 Refugee Health Services	7/01/88-6/30/89 7/01/88-6/30/89	SFGH Health Centers	9,250 (6,250 (15,000 <u>20,000</u> 50,500 =====
		CPHS Project-(Refugee) Total	
Project # VIII-484 Computerization of County Information Systems:	7/01/88-6/30/89	Records & Statistics	9,632
		Administration WO (ISD) Total	<u>10,092</u> <u>19,724</u> =====
Project # VIII-125 Distressed Health Facilities:	5/01/88-6/30/89		-0-
Project # VIII-312 County Community Clinic Linkage	7/01/88-6/30/89	Administration Health Centers Other-Grants,Non-DPH Exp Total	6,921 13,510 17,264 <u>37,695</u> =====
Project # VIII-614-Senior Medication Education	7/01/88-6/30/89	Sr. Health Services	23,316 =====
SUMMARY FOR DPH:			
	Public Health I/P	Administration Health Centers	6,921 34,760
	Public Health	Records & Statistics SFGH	9,632 9,250
		CPHS Project (Refugee) Sr. Health Services Total	20,000 <u>23,316</u> 103,879 =====

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH

Allocation of Administration Costs for Ab-8/MIA Budgets
FY 1988-89

Index Code	Description	Budget Total	Public Health	Inpatient/ Outpatient	Psych/ Substance Abuse
732198	Emergency Medical Svc. Agency	771,597	771,597		
732412	Environmental Health	5,816,430	5,816,430		
733535	CPHS Administration	385,214	385,214		
732594	MIA	505,643		505,643	
732347					
017-01	Bayview Hunters Point	258,126		258,126	
019-01	Haight-Ashbury Free Clinic	93,114		93,114	
021-01	Rose Resnick Ctr for Blind/Hand.	39,408		39,408	
030-01	Refugee Prev. Health Svcs.	65,501		65,501	
441154	Laboratory	1,441,321	1,441,321		
732404	Health Centers	10,817,654	10,817,654		
441600	Records & Statistics	497,078	497,078		
732420	Disease Control	2,988,341	2,988,341		
441808	Dental Clinic	513,122	513,122		
441857	Maternal & Child Health	2,378,320	2,378,320		
732438	Senior Health Services	637,664	637,664		
732446					
015-01	Downtown Senior Center	41,613	41,613		
018-01	No. of Market Senior Svc. Center	623,622	623,622		
732388	Aids Administration Office	4,325,631	4,325,631		
732396	Aids Laboratory	51,095	51,095		
732453	Aids Health Centers	456,833	456,833		
732461	Aids Disease Control	347,122	347,122		
733519	Aids CMHS	92,000			92,000
733493	Aids CSAS	82,970			82,970
733527	Aids Epid. & Prev. Services	401,227	401,227		
730366	Community Mental Health Scv.	57,329,180			57,329,180
441055	Forensic Services	13,360,635		10,140,451	3,220,184
732172	Community Subs Abuse Scv.	11,635,648			11,635,648
448274	Laguna Honda Hospital	70,451,263		70,451,263	
462580	SFGH	178,053,415		165,622,027	12,431,388
Total		364,460,787	32,493,884	247,175,533	84,791,370
% to total		100%	8.92%	67.82%	23.26%

CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Administration
1988-89 Budget

Total budgeted expenditures - Per phase D Budget,
August 11, 1988, Page 3 6,608,374

Less:

SNAP Match - Non-Equipment Cost	\$	6,921	
SLIAG Outreach / Eligibility Costs		54,780	
Equipment Cost		<u>169,362</u>	
Total deductions			<u>231,063</u>
Not to be distributed			6,377,311
			=====

<u>Distribution</u>	<u>%</u>	<u>Share in Administration Cost</u>
Public Health	8.92	\$ 568,856
In/Out Patient	67.82	4,325,092
Mental Health	<u>23.26</u>	<u>1,483,363</u>
Total	100.00%	\$ 6,377,311
	=====	=====

1) Refer to Exhibit "B"

1380

Exhibit "D"

CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Computation of Central Office Administration Costs
FY 1988-89 Budget

1) MIA : (Refer to costs on exhibit B & C)				
	505,643			
	-----	X 6,377,311	=	8,848
	364,460,787			=====
2) San Francisco General Hospital : (refer to costs on exhibits B & C)				
AB-8 Allowable : 165,622,027				
	-----	X 6,377,311	=	2,898,043
	364,460,787			
Non AB-8 Allowable : 12,431,388				
	-----	X 6,377,311	=	217,524
	364,460,787			
Total				3,115,567
				=====
3) Community Mental Health :				
Non AB-8 Allowable : 57,328,180				
	-----	X 6,377,311	=	1,003,142
	364,462,787			=====
4) Community Substance Abuse Services :				
Non AB-8 Allowable : 11,635,648				
	-----	X 6,377,311	=	203,600
	364,460,787			=====
5) AIDS - CMHS :				
	92,000			
	-----	X 6,377,311	=	1,610
	364,460,787			=====
6) AIDS - CSAS :				
	82,970			
	-----	X 6,377,311	=	1,452
	364,460,787			=====
7) FORENSIC :				
	3,220,184			
	-----	X 6,377,311	=	56,347
	364,460,787			=====

Exhibit "E"

MIA ELIGIBILITY BUDGET (CENTRAL OFFICE)
Fiscal Year 1988-89

Permanent Salaries :

2248 - Asst. Director of Clinical Services	\$ 58,062 X 10%	5,806
2946 - Sr. Elig. Worker Supervisor	39,672 X 50%	19,836
1446 - Secretary II	30,202 X 25%	<u>7,551</u>
Total		33,193
Less Salary Savings - 11.34%		<u>(3,764)</u>
Net Salaries		29,429
Mandatory Fringes	26.56% X net salaries	7,816
Other Contractual Services	\$ 100 X 25%	25
Other Services	\$ 100 X 25%	25
Material & Supplies	\$ 820 X 25%	205
Reproduction	\$ 6,000 X 25%	<u>1,500</u>
Total		<u>39,000</u>
		=====

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Exhibit "F"

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Indigent Ratio - SFGH
FY 1988-89 Budget

	INDY	PAS	TOTAL	MIA ALLOCATION	NET
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Self Pay - IP - 35 %
- OP - 60 %
OB Package - 70 %
PT Pay - Alien
Other Gov't - 25 %
MIA

4,034,536	5,686,657	9,721,193		
3,221,826	6,904,257	10,126,083		
755,220	2,165,835	2,921,055		
1,247,957	3,746,500	4,994,457		
72,568	-0-	72,568		
8,163,183	23,846,196	32,009,379		

Total

17,495,290	42,349,445	59,844,735	(24,304,717)	35,540,018
------------	------------	------------	--------------	------------

YTD Total Charges

53,952,686	130,691,580	184,644,266	(24,304,717)	160,339,549
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Ratio :

35,540,018	= 22.17 %
160,339,549	

Exhibit "G"

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Summary of CMHS Costs and Funding
FY 88-89 Budget

DESCRIPTION	TOTAL CMHS	SFGH COSTS	CMHS CAPITAL OUTLAY	NET CMHS	FORENSIC
Costs-Other Equipment	88,303,205 45,655	12,663,532	44,111	72,666,793	2,972,880 1,544
Gross Cost	88,348,860	12,663,532	44,111	72,666,793	2,974,424
County Overmatch	27,811,489	6,710,136	44,111	20,274,393	782,849
MIA	2,602,285	103,716		2,498,569	
Other Revunues	22,370,605	5,778,521		15,156,886	1,435,198
Total	52,784,379	12,592,373	44,111	37,929,848	2,218,047
Net Cost	35,564,481	71,159	-0-	34,736,945	756,377

Exhibit "H"

CITY AND COUNTY OF SAN FRANCISCO
 Department of Public Health
 Indigent Payment
 Fiscal Year 1988-89 Budget

	PAS	INDY	TOTAL	MIA ALLOCATION	NET
OB Package 70%	181,096	60,273	241,369		
Hill Burton	60	-	60		
Alien Doc. & Undoc.	84,717	25,067	109,784		
MIA	19,223,587	5,125,179	24,348,766		
Sell Pays-10%	394,256	80,285	474,541		
Total	19,883,716	5,290,804	25,174,520	(24,304,717)	869,803
	=====	=====	=====	=====	=====

Estimate for 88-89 : 869,803 + 3% = 895,897
 =====

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July 21, 1988

TO: Flo Stroud
Barbara Giles-Wallen

FROM: Tim McLeod *mg*

SUBJ: Home Health Care Agency Budget for FY 1988-89

PERSONNEL

<u>CLASS</u>	<u>TITLE</u>	<u>FTE</u>	<u>AMOUNT</u>
<u>0010 Permanent Miscellaneous:</u>			
1446	Secretary II	1.00	\$ 26,121
2586	Health Worker II	1.00	<u>24,602</u>
Gross Salaries:			50,723
Less 5% Salary Savings:			<u>- 3,038</u>
Net Salaries:			47,685
 <u>0050 Permanent Nursing:</u>			
2830	Public Health Nurse	6.00	289,879
2836	Director of PHN	.50	<u>33,011</u>
Gross Salaries:			322,890
Less 5% Salary Savings:			<u>-16,217</u>
Net Salaries:			306,673
Totals:		<u>8.50</u>	<u>354,358</u>
MFB			79,805
OFB			55,964
Subtotal Personnel:		8.50	440,127

OPERATING EXPENSES

100	Professional Services	25,000
109	Other Contractual Services	2,465
111	Use of Employee Cars	1,288
120	Other Services	1,027
130	Materials & Supplies	1,599
220	Reproduction	<u>880</u>
Subtotal Operating Expenses:		32,259

Total Budget:	8.50	\$472,386
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cc: C. Bautista
N. Leigh

Schedule "J"

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Depreciation
Fiscal Year 1988-89 Budget

1) Central Office (See Schedule J-1)		
Public Health		\$ 513,977
Inpatient/Outpatient (Forensic/BVHP)		46,105
Sub-total		<u>\$ 560,082</u>
2) Laguna Honda Hospital (Inpatient/Outpatient)		
Per Marshall & Steven's Report		
(See Schedule J-2)		1,141,638
3) SFGH (Inpatient/Outpatient)		
Per Marshall & Steven's Report		
(See Schedule J-3)		
Less : Psychiatric Services	18,656	
Methadone Services	2,415	
		\$ 3,300,620
Total		<u>3,279,549</u>
		<u>4,981,269</u>
		=====

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Schedule "J-1"

CITY & COUNTY OF SAN FRANCISCO
 Department of Public Health-Central Office
 DEPRECIATION
 Fiscal Year 1988-89 Budget

Division Section	Division Name	Equipment	Buildings & Improvements	Total
83-01	Administration-General	79,893	19,275	99,168
	-MIS	59,144		59,144
	-BVHP		39,715	39,715
02	Forensic-Medical	6,390		6,390
03	Laboratory	13,644		13,644
04	Health Centers	59,234	104,342	163,576
05	Environmental Health	13,634		13,634
06	Records & Statistics	1,538		1,538
07	Disease Control	1,214		1,214
08	Dental Clinic	904		904
09	Maternal and Child Health	1,041		1,041
11	Emergency Medical Serv.	154,891	477	155,368
12	AIDS	3,653		3,653
14	Senior Health Services	836		836
	North of Market Sr. Serv.	257		257
	Total	396,273	163,809	560,082

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		SUMMARY		PLROE-2	-ANNUAL-	AS OF 06/88	
		COST BASIS		ACCUM DEPR	YTD DEPR	CURRENT DPR	UNREC COST
ACCT							
ACCT	1 FIXED EQUIPMENT	1,042,034	740,805	27,874	27,874	301,229	
ACCT	2 MAJOR MOVABLE EQUIPMENT	5,913,222	3,111,079	541,934	541,934	2,802,143	
ACCT	3 GROUP MAJOR MOVABLE	871,770	739,964	27,657	27,657	131,806	
ACCT	4 BUILDINGS	9,461,683	6,362,194	344,122	344,122	3,099,489	
ACCT	5 BUILDING SERVICE EQUIPMENT	6,065,833	4,316,524	196,582	196,582	1,749,309	
ACCT	6 LAND IMPROVEMENTS	935,363	928,909	674	674	6,454	
ACCT	8 AUTOMOBILES + TRUCKS	130,936	130,936	2,795	2,795		
		24,420,841	16,330,411	1,141,638	1,141,638	8,090,430	

-END OF REPORT-

EXHIBIT "J-2"

		COST BASIS	ACCUM DEPR	YTD DEPR	CURRENT DPR UNREC	COST
ACCT						
ACCT	0 LAND	541,525				541,525
ACCT	1 FIXED EQUIPMENT	684,922	465,564	28,172	28,172	219,259
ACCT	2 MAJOR MOVABLE EQUIPMENT	10,997,191	7,243,349	690,354	690,354	3,753,842
ACCT	3 GROUPED MAJOR MOV. EQUIPMENT	1,079,909	903,895	50,230	50,230	176,014
ACCT	4 BUILDINGS	35,340,264	14,272,363	1,036,439	1,036,439	21,067,901
ACCT	5 BUILDING SERVICES EQUIPMENT	24,005,389	14,132,806	971,015	971,015	9,872,583
ACCT	6 LAND IMPROVEMENTS	1,828,450	1,538,317	73,503	73,503	290,133
ACCT	7 LEASED EQUIPMENT	3,122,856	2,324,389	330,636	330,636	798,467
ACCT	8 VEHICLES	886,361	687,364	116,798	116,798	199,497
ACCT	0002	39,360	5,211	3,473	3,473	33,149
		78,525,627	41,573,252	3,300,620	3,300,620	36,952,369
-END OF REPORT-						
EXHIBIT "J-3"						

